

SENATE/HOUSE FILE _____
BY (PROPOSED MENTAL HEALTH AND
DISABILITY SERVICES STUDY
COMMITTEE BILL)

A BILL FOR

1 An Act relating to redesign of publicly funded mental
2 health and disability services by requiring certain core
3 services and addressing other services and providing for
4 establishment of regions and providing effective dates and
5 including applicability provisions.
6 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

DIVISION I

CORE SERVICES

Section 1. Section 331.439, Code Supplement 2011, is amended by adding the following new subsection:

NEW SUBSECTION. 9A. a. Beginning July 1, 2012, the county management plan for mental health services shall provide that an individual's eligibility for individualized services shall be determined by the level of care utilization system for psychiatric and addiction services, developed by the American association of community psychiatrists, or other standardized functional assessment methodology approved for this purpose by the state commission.

b. Beginning July 1, 2012, the county management plan for intellectual disability services shall provide that an individual's eligibility for individualized services shall be determined by the supports intensity scale, developed by the American association on intellectual and developmental disabilities, or other standardized functional assessment methodology approved for this purpose by the state commission.

c. Beginning July 1, 2012, the county management plan for brain injury services shall provide that an individual's eligibility for individualized services shall be determined in accordance with a standardized functional assessment methodology approved for this purpose by the state commission.

Sec. 2. NEW SECTION. 331.439A Regional service system management plan.

1. The mental health and disability services provided by counties operating as a region shall be delivered in accordance with a regional service system management plan approved by the region's governing board and implemented by the regional administrator in accordance with this section. The requirements for a regional service system management plan shall be specified in rule adopted by the state commission. A regional service system management plan is subject to the approval of the regional governing board and the state

1 commission.

2 2. The provisions of a regional service system management
3 plan shall include but are not limited to all of the following:

4 a. An approved policies and procedures manual for the use of
5 county, state, and other funding administered by the region. A
6 service system management plan for each county in the region
7 shall be defined in the manual. Once the regional manual
8 is approved, an amendment to the manual shall be submitted
9 to the department of human services at least forty-five
10 days prior to the date of implementation of the amendment.
11 Prior to implementation of an amendment to the manual, the
12 amendment must be approved by the director of human services in
13 consultation with the state commission.

14 b. For informational purposes, a regional service system
15 management plan review submitted by the regional administrator
16 to the department of human services by December 1 of each year.
17 The annual review shall incorporate an analysis of the data
18 associated with the regional service systems managed during
19 the preceding fiscal year by the region. The annual review
20 shall also identify measurable outcomes and results showing the
21 region's progress in fulfilling the purposes listed in section
22 225C.1 and in achieving the disability services outcomes and
23 indicators identified by the state commission pursuant to
24 section 225C.6.

25 c. For informational purposes, a three-year strategic plan
26 submitted every three years by the regional administrator to
27 the department of human services. The strategic plan shall
28 describe how the region will proceed to attain the plan's
29 goals and objectives, and the measurable outcomes and results
30 necessary for moving the regional services system toward an
31 individualized, community-based focus in accordance with
32 section 225C.1. The initial three-year strategic plan shall be
33 submitted by April 1, 2015, and by April 1 of every third year
34 thereafter.

35 d. The regional administrator's plans to implement the

1 regional service system management plan and other service
2 management functions in a manner that seeks to achieve all of
3 the following purposes identified in section 225C.1 for persons
4 who are covered by the regional plan or are otherwise subject
5 to the regional service system's management functions. The
6 regional plan shall describe how the regional service system
7 will accomplish all of the following purposes:

8 (1) The regional service system seeks to empower persons
9 to exercise their own choices about the amounts and types of
10 services and other support to receive.

11 (2) The regional service system seeks to empower the persons
12 to accept responsibility, exercise choices, and take risks.

13 (3) The regional service system seeks to provide services
14 and other support that are individualized, provided to produce
15 results, flexible, and cost-effective.

16 (4) The regional service system seeks to provide services
17 and other support in a manner which enhances the ability of the
18 persons to live, learn, work, and recreate in communities of
19 their choice.

20 e. Measures to address the needs of individuals who have two
21 or more co-occurring mental health, intellectual disability,
22 brain injury, or substance-related disorders and individuals
23 with specialized needs.

24 3. The region may either directly implement a system
25 of service management and contract with service providers,
26 or contract with a private entity to manage the regional
27 service system, provided all requirements of this section
28 are met by the private entity. The regional service system
29 shall incorporate service management and clinical assessment
30 processes developed in accordance with applicable requirements.

31 4. The regional service system management plan for a region
32 shall include but is not limited to all of the following
33 elements, which shall be specified in administrative rules
34 adopted by the state commission:

35 a. The enrollment and eligibility process.

- 1 *b.* The scope of services included in addition to the core
- 2 services required by this part of this chapter.
- 3 *c.* The method of plan administration.
- 4 *d.* The process for managing utilization and access to
- 5 services and other assistance.
- 6 *e.* The quality management and improvement processes.
- 7 *f.* The risk management provisions and fiscal viability of
- 8 the plan, if the region contracts with a private entity.
- 9 *g.* The access points for services.
- 10 *h.* Designation of the targeted case management provider in
- 11 compliance with federal requirements for conflict-free case
- 12 management.
- 13 *i.* A plan for a systems of care approach in which multiple
- 14 public and private agencies partner with families and
- 15 communities to address the multiple needs of the individuals
- 16 and their families involved with the regional service system.
- 17 *j.* A plan to assure effective crisis prevention, response,
- 18 and resolution.
- 19 *k.* A plan for provider network formation and management.
- 20 *l.* A plan for provider reimbursement approaches that
- 21 includes approaches other than fee-for-service and to
- 22 compensate the providers engaged in a systems of care approach
- 23 and other nontraditional providers.
- 24 *m.* If the region applies any provider licensing,
- 25 certification, or accreditation requirements in addition to
- 26 those required by the state, the procedures for implementing
- 27 the requirements.
- 28 *n.* Service provider payment provisions.
- 29 *o.* Financial forecasting measures.
- 30 *p.* A process for resolving grievances.
- 31 *q.* Measures for implementing interagency and multisystem
- 32 collaboration and care coordination.
- 33 5. A region may provide assistance to service populations
- 34 with disabilities to which the counties comprising the region
- 35 have historically provided assistance but who are not included

1 in the service management provisions required under subsection
2 2, subject to the availability of funding.

3 6. If a region determines that the region cannot provide
4 services for the fiscal year in accordance with the regional
5 plan and remain in compliance with applicable budgeting
6 requirements, the region may implement a waiting list for
7 the services. The procedures for establishing and applying
8 a waiting list shall be specified in the regional plan. If
9 a region implements a waiting list for services, the region
10 shall notify the department of human services. The department
11 shall maintain on the department's internet site an up-to-date
12 listing of the regions that have implemented a waiting list and
13 the services affected by each waiting list.

14 7. The director's approval of a regional plan shall not be
15 construed to constitute certification of the respective county
16 budgets or of the region's budget.

17 Sec. 3. NEW SECTION. 331.439B **Financial eligibility**
18 **requirements.**

19 A person must comply with all of the following financial
20 eligibility requirements to be eligible for services under the
21 regional service system:

22 1. The person must have an income equal to or less than
23 one hundred fifty percent of the federal poverty level, as
24 defined by the most recently revised poverty income guidelines
25 published by the United States department of health and human
26 services, is eligible for disability services public funding.
27 It is the intent of the general assembly to consider increasing
28 this income eligibility provision to two hundred percent of the
29 federal poverty level, contingent upon implementation of the
30 federal Patient Protection and Affordable Care Act beginning in
31 January 2014.

32 2. a. A region or a service provider contracting with
33 the region may apply a copayment requirement for a particular
34 service to a person with an income equal to or less than one
35 hundred fifty percent of the federal poverty level, provided

1 the disability service, uniform copayment standards, and the
2 copayment amounts comply with rules adopted by the state
3 commission.

4 *b.* A person with an income above one hundred fifty percent
5 of the federal poverty level may be eligible subject to a
6 copayment or other cost-sharing arrangement, in accordance with
7 limitations adopted in rule by the state commission.

8 *c.* A provider under the regional service system of a service
9 that is not funded by the medical assistance program under
10 chapter 249A may waive the copayment or other cost-sharing
11 arrangement if the provider is fully able to absorb the cost.

12 3. A person who is eligible for federally funded services
13 and other support must apply for such services and support.

14 4. The person is in compliance with resource limitations
15 identified in rule adopted by the state commission. The
16 limitation shall be derived from the federal supplemental
17 security income program resource limitations. A person with
18 resources above the federal supplemental security income
19 program resource limitations may be eligible subject to
20 limitations adopted in rule by the state commission. If a
21 person does not qualify for federally funded services and other
22 support but meets income, resource, and functional eligibility
23 requirements for regional services, the following types of
24 resources shall be disregarded:

25 *a.* A retirement account that is in the accumulation stage.

26 *b.* A burial, medical savings, or assistive technology
27 account.

28 Sec. 4. NEW SECTION. 331.439C Diagnosis — functional
29 assessment.

30 1. A person must comply with all of the following
31 requirements to be eligible for mental health services under
32 the regional service system:

33 *a.* The person complies with financial eligibility
34 requirements under section 331.439B.

35 *b.* The person is at least eighteen years of age and is a

1 resident of this state.

2 *c.* The person has had at any time during the preceding
3 twelve-month period a diagnosable mental health, behavioral, or
4 emotional disorder. The diagnosis shall be made in accordance
5 with the criteria provided in the diagnostic and statistical
6 manual of mental disorders, fourth edition, published by
7 the American psychiatric association, and shall not include
8 the manual's "V" codes identifying conditions other than a
9 disease or injury. The diagnosis shall also not include
10 substance abuse disorders, dementia, antisocial personality, or
11 developmental disabilities, unless co-occurring with another
12 diagnosable mental illness.

13 *d.* The person's eligibility for individualized services
14 shall be determined by the level of care utilization system for
15 psychiatric and addiction services, developed by the American
16 association of community psychiatrists, or other standardized
17 functional assessment methodology approved for this purpose by
18 the state commission.

19 2. A person must comply with all of the following
20 requirements to be eligible for intellectual disability
21 services under the regional service system:

22 *a.* The person complies with financial eligibility
23 requirements under section 331.439B.

24 *b.* The person is at least eighteen years of age and is a
25 resident of this state.

26 *c.* The person has a diagnosis of intellectual disability or
27 an intelligence quotient of seventy or less.

28 *d.* The person's eligibility for individualized services
29 shall be determined by the supports intensity scale, developed
30 by the American association on intellectual and developmental
31 disabilities, or other standardized functional assessment
32 methodology approved for this purpose by the state commission.

33 3. A person must comply with all of the following
34 requirements to be eligible for brain injury services under the
35 regional service system:

1 *a.* The person complies with financial eligibility
2 requirements under section 331.439B.

3 *b.* The person is at least eighteen years of age and is a
4 resident of this state.

5 *c.* The person has a diagnosis of brain injury.

6 *d.* The person's eligibility for individualized services
7 shall be determined in accordance with a standardized
8 functional assessment methodology approved for this purpose by
9 the state commission.

10 Sec. 5. NEW SECTION. **331.439D Mental health core services.**

11 1. For the purposes of this section, unless the context
12 otherwise requires, "*domain*" means a range of services that can
13 be provided depending upon an individual's service needs.

14 2. Each of the providers of the core services and services
15 provided under a required service domain shall be capable of
16 working with individuals who have co-occurring disabilities or
17 specialized needs. It is the intent of the general assembly
18 that services have adequate reimbursement to ensure the
19 financial viability necessary to achieve desired outcomes and
20 fidelity to accepted service models.

21 3. A regional service system shall provide the following
22 core mental health service domains, subject to the availability
23 of funding:

24 *a.* Acute care and crisis intervention services.

25 *b.* Mental health treatment.

26 *c.* Mental health disorder prevention.

27 *d.* Community living.

28 *e.* Employment.

29 *f.* Recovery supports.

30 *g.* Family supports.

31 *h.* Physical health and primary care services.

32 *i.* Justice system-involved services.

33 4. A regional service system shall provide the following
34 specific core mental health services, subject to the
35 availability of funding:

- 1 *a.* Peer-run self-help centers.
- 2 *b.* Psychiatric emergency services to provide a range of
- 3 crisis intervention and diversion services.
- 4 *c.* Subacute residential services.
- 5 *d.* Jail diversion.
- 6 *e.* Assertive community treatment.
- 7 *f.* Community support services, supportive community living,
- 8 and case management.
- 9 *g.* Health homes.
- 10 *h.* Supported employment and education.
- 11 *i.* Family support services.
- 12 *j.* Transportation.
- 13 5. A regional service system may provide funding for other
- 14 appropriate services or other support. In considering whether
- 15 to provide such funding, a region may consider the following
- 16 criteria:
- 17 *a.* Applying a person-centered planning process to identify
- 18 the need for the services or other support.
- 19 *b.* The efficacy of the services or other support is
- 20 substantiated by an evidence base.
- 21 *c.* A determination that the services or other support
- 22 provides an effective alternative to existing services that
- 23 have been shown by the evidence base to be ineffective, to not
- 24 yield the desired outcome, or to not support the principles
- 25 outlined in *Olmstead v. L.C.*, 527 U.S. 581 (1999).
- 26 Sec. 6. NEW SECTION. 331.439E Intellectual disability core
- 27 **services.**
- 28 1. A regional service system shall provide funding of
- 29 intellectual disability services that are not funded by
- 30 the medical assistance program. In selecting the services
- 31 eligible for the funding, a region shall consider the following
- 32 criteria:
- 33 *a.* Applying a person-centered planning process to identify
- 34 the need for the services or other support.
- 35 *b.* The efficacy of the services or other support is

1 substantiated by an evidence base.

2 *c.* A determination that the services or other support
3 provides an effective alternative to existing services that
4 have been shown by the evidence base to be ineffective, to not
5 yield the desired outcome, or to not support the principles
6 outlined in *Olmstead v. L.C.*, 527 U.S. 581 (1999).

7 2. The core services provided by a region shall include all
8 of the services for adults with an intellectual disability that
9 were covered in the service management plans of the counties
10 comprising the region under section 331.439, Code 2011, as of
11 June 30, 2012, other than those services funded by the medical
12 assistance program under chapter 249A. The provision of the
13 core services is subject to availability of funding.

14 3. A region shall transition from and replace the services
15 under subsection 2 with services that expand and support
16 the community support and integration principles outlined
17 in *Olmstead v. L.C.*, 527 U.S. 581 (1999) and the purposes
18 identified in section 225C.1.

19 4. The core services for persons with an intellectual
20 disability shall include all of the following:

21 *a.* Efforts to support the availability of best practice
22 health and primary care services in local communities.

23 *b.* Efforts to provide best practice family support services
24 to help families to maintain a family member with a disability
25 at home.

26 Sec. 7. NEW SECTION. **331.440B Regional service system**
27 **financing.**

28 1. *a.* The financing of a regional mental health and
29 disability service system is limited to a fixed budget amount.
30 The fixed budget amount shall be the amount identified in a
31 regional service system management plan and budget for the
32 fiscal year. The region shall be authorized an allowed growth
33 factor adjustment as established by statute for services
34 addressed by the regional plan. The statute establishing
35 the allowed growth factor adjustment shall establish the

1 adjustment for the fiscal year which commences two years from
2 the beginning date of the fiscal year in progress at the time
3 the statute is enacted.

4 *b.* Based upon information contained in regional plans and
5 budgets and proposals made by representatives of the regions,
6 the state commission shall recommend an allowed growth factor
7 adjustment to the governor by November 15 for the fiscal year
8 which commences two years from the beginning date of the fiscal
9 year in progress at the time the recommendation is made. The
10 allowed growth factor adjustment may address various costs
11 including but not limited to the costs associated with new
12 consumers of services, service cost inflation, and investments
13 for economy and efficiency. In developing the service
14 cost inflation recommendation, the state commission shall
15 consider the cost trends indicated by the regional financial
16 reports. The governor shall consider the state commission's
17 recommendation in developing the governor's recommendation for
18 an allowed growth factor adjustment for such fiscal year. The
19 governor's recommendation shall be submitted to the general
20 assembly at the time the governor's proposed budget for the
21 succeeding fiscal year is submitted in accordance with chapter
22 8.

23 2. A region shall implement its regional service system
24 management plan in a manner so as to provide adequate funding
25 of services for the entire fiscal year by budgeting for
26 ninety-nine percent of the funding anticipated to be available
27 for the regional plan for the fiscal year. A region may expend
28 all of the funding anticipated to be available for the regional
29 plan.

30 Sec. 8. IMPLEMENTATION OF ACT. Section 25B.2, subsection 3,
31 shall not apply to this division of this Act.

32 Sec. 9. CODE EDITOR. The Code editor may codify the Code
33 provisions enacted by this division of this Act as a new part
34 of chapter 331, division III.

35 Sec. 10. APPLICABILITY. The provisions of this division of

1 this Act enacting new Code sections 331.439A through 331.439E,
2 and section 331.440B apply beginning on July 1, 2013.

3 DIVISION II

4 WORKFORCE DEVELOPMENT AND REGULATION

5 Sec. 11. NEW SECTION. **225C.6C Mental health and disability**
6 **services workforce development workgroup.**

7 1. The department of human services shall convene and
8 provide support to a mental health and disability services
9 workforce development workgroup to address issues connected
10 with assuring that an adequate workforce is available in the
11 state to provide mental health and disability services. The
12 workgroup shall report at least annually to the governor
13 and general assembly providing findings, recommendations,
14 and financing information concerning the findings and
15 recommendations.

16 2. The membership of the workgroup shall include all of the
17 following:

18 a. The director of the department of aging or the director's
19 designee.

20 b. The director of the department of corrections or the
21 director's designee.

22 c. The director of the department of education or the
23 director's designee.

24 d. The director of human services or the director's
25 designee.

26 e. The director of the department of public health or the
27 director's designee.

28 f. The director of the department of workforce development
29 or the director's designee.

30 g. At least three staff of regional administrators
31 appointed by the community services affiliate of the Iowa state
32 association of counties.

33 h. At least three individuals receiving mental health and
34 disability services or involved relatives of such individuals.

35 i. At least three providers of mental health and disability

1 services.

2 *j.* A representative of the entity under contract with
3 the department to provide mental health managed care for the
4 medical assistance program.

5 *k.* One or more representatives of the institutions under
6 the control of the state board of regents who are knowledgeable
7 concerning the mental health and disability services workforce.

8 1. Other persons identified by the workgroup.

9 3. In addition to the members identified in subsection
10 2, the membership of the workgroup shall include four
11 members of the general assembly serving in a nonvoting, ex
12 officio capacity. One member shall be designated by each
13 of the following: the majority leader of the senate, the
14 minority leader of the senate, the speaker of the house of
15 representatives, and the minority leader of the house of
16 representatives. A legislative member serves for a term as
17 provided in section 69.16B.

18 4. Except as provided in subsection 3 for legislative
19 appointments, the workgroup shall determine its own rules of
20 procedure, membership terms, and operating provisions.

21 5. The workforce development measures considered for
22 recommendation by the workgroup shall include but are not
23 limited to all of the following:

24 *a.* Provide for the college of direct support or comparable
25 internet-based training to be available at no charge to all
26 service providers.

27 *b.* Require every direct support professional to demonstrate
28 a level of competency in core curricula.

29 *c.* Provide financial incentives for those providers who
30 support direct care staff in securing a voluntary certification
31 from the national alliance for direct support professionals or
32 a comparable certification or accreditation body.

33 *d.* Change the rate reimbursement methodologies to allow
34 providers to bill direct care staff development costs as a
35 direct expense rather than as an indirect cost.

1 e. Implement regional service system staffing capability
2 to provide positive behavior supports training and to mount a
3 crisis intervention and prevention response that is based on a
4 model successfully tested in this state.

5 f. Make technical assistance available to service providers
6 for issues such as crisis intervention, sheltered workshop
7 conversion, and other approaches to modernize services.

8 g. Implement co-occurring disability cross training for
9 mental health professionals as well as training for primary
10 care practitioners on intellectual disability and developmental
11 disability behavioral issues.

12 Sec. 12. NEW SECTION. **225C.6D Regional service system —**
13 **outcomes and performance measures committee.**

14 1. The department shall establish an outcomes and
15 performance measures committee to recommend to the department
16 and the commission's specific outcomes and performance measures
17 to be utilized by the regional mental health and disability
18 services system. The membership of the committee shall include
19 regional administrator and departmental staff, individuals
20 receiving mental health and disability services or involved
21 relatives of such individuals, providers of mental health and
22 disability services, a representative of the person under
23 contract with the department to provide mental health managed
24 care for the medical assistance program, a representative
25 of the institutions under the control of the state board of
26 regents who is knowledgeable concerning mental health and
27 disability services, a representative of the department's task
28 force to address the decision in *Olmstead v. L.C.*, 527 U.S. 581
29 (1999), and other stakeholders.

30 2. To the extent possible, the committee shall seek to
31 provide outcome and performance measures recommendations
32 that are consistent across the mental health and disability
33 services populations addressed. The committee shall also
34 evaluate data collection requirements utilized in the regional
35 service system to identify the requirements that could be

1 eliminated or revised due to the administrative burden involved
2 or the low degree of relevance to outcomes or other reporting
3 requirements.

4 Sec. 13. NEW SECTION. 225C.6E Regional service system —
5 regulatory requirements.

6 1. The departments of inspections and appeals, human
7 services, and public health shall comply with the requirements
8 of this section in their efforts to improve the regulatory
9 requirements applied to the regional service system
10 administration and service providers.

11 2. The three departments shall work together to establish
12 a process to streamline accreditation, certification, and
13 licensing standards applied to the regional service system
14 administration and service providers.

15 3. The departments of human services and inspections and
16 appeals shall jointly review the standards and inspection
17 process applicable to residential care facilities.

18 4. The three departments shall do all of the following in
19 developing regulatory requirements applicable to the regional
20 service system administration and service providers:

21 a. Consider the costs to administrators and providers in the
22 development of quality monitoring efforts.

23 b. Develop uniform, streamlined, and statewide cost
24 reporting standards and tools.

25 c. Make quality monitoring information, including services,
26 quality, and location information, easily available and
27 understandable to all citizens.

28 d. Establish standards that are clearly understood and are
29 accompanied by interpretive guidelines to support understanding
30 by those responsible for applying the standards.

31 e. Develop a partnership with providers in order to
32 improve the quality of services and develop mechanisms for the
33 provision of technical assistance.

34 f. Develop consistent data collection efforts based on
35 statewide standards and make information available to all

1 providers.

2 *g.* Evaluate existing provider qualification and monitoring
3 efforts to identify duplication and gaps, and align the efforts
4 with valued outcomes.

5 *h.* Streamline and enhance existing standards.

6 *i.* Consider how accreditations can be used for the
7 certification of provider qualifications.

8 5. The three departments shall seek to increase the number
9 of staff dedicated to oversight of service providers.

10 DIVISION III

11 COMMUNITY MENTAL HEALTH CENTER AMENDMENTS

12 Sec. 14. Section 230A.106, subsection 2, paragraph c, as
13 enacted by 2011 Iowa Acts, chapter 121, section 16, is amended
14 to read as follows:

15 c. *Day treatment, partial hospitalization, or psychosocial*
16 *rehabilitation services.* Such services shall be provided as
17 structured day programs in segments of less than twenty-four
18 hours using a multidisciplinary team approach to develop
19 treatment plans that vary in intensity of services and the
20 frequency and duration of services based on the needs of the
21 patient. These services may be provided directly by the center
22 or in collaboration or affiliation with other appropriately
23 accredited providers. In lieu of day treatment, partial
24 hospitalization, or psychosocial rehabilitation services, the
25 center may provide an assertive community treatment program.

26 Sec. 15. Section 230A.110, subsection 1, as enacted by
27 2011 Iowa Acts, chapter 121, section 20, is amended to read as
28 follows:

1. The division shall recommend and the commission shall adopt standards for designated community mental health centers and comprehensive community mental health programs, with the overall objective of ensuring that each center and each affiliate providing services under contract with a center furnishes high-quality mental health services within a framework of accountability to the community it serves.

1 The standards adopted shall conform with federal standards
2 applicable to community mental health centers and shall be
3 in substantial conformity with the applicable behavioral
4 health standards adopted by the joint commission, formerly
5 known as the joint commission on accreditation of health care
6 organizations, ~~and~~ or other recognized national standards for
7 evaluation of psychiatric facilities unless in the judgment of
8 the division, with approval of the commission, there are sound
9 reasons for departing from the standards.

10

DIVISION IV

11

REGIONAL SERVICE SYSTEM

12

Sec. 16. NEW SECTION. 331.438A **Definitions.**

13

As used in this part, unless the context otherwise requires:

14

1. "*Department*" means the department of human services.

15

2. "*Disability services*" means the same as defined in

16

section 225C.2.

17

3. "*Population*" means the population shown by the latest

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preceding certified federal census or the latest applicable

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population estimate issued by the United States census bureau,

20

whichever is most recent.

21

4. "*Regional administrator*" means the administrative entity

22

formed by agreement of the counties participating in a region

23

to function on behalf of those counties in accordance with this

24

part.

25

5. "*State commission*" means the mental health and disability

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services commission created in section 225C.5.

27

Sec. 17. NEW SECTION. 331.438B **Mental health and disability**

28

services regions — criteria.

29

1. Local access to mental health and disability services for

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children and adults shall be provided by counties organized in

31

a regional service system. The regional service system shall

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be implemented in stages in accordance with this section.

33

2. Formation of a mental health and disability services

34

region is subject to approval of the director of human services

35

and the mental health and disability services commission.

1 3. Each county in the state shall participate in an approved
2 mental health and disability services region. A mental health
3 and disability services region shall comply with all of the
4 following requirements:

5 *a.* The counties comprising the region are contiguous.

6 *b.* The region has at least three counties.

7 *c.* The combined general population of the counties
8 comprising a region shall be at least two hundred thousand
9 persons and not more than seven hundred thousand persons.
10 However, the director of human services, with the approval
11 of the commission, may grant a waiver from this requirement
12 if there is convincing evidence that compliance with the
13 requirement is not workable.

14 *d.* The region has the capacity to provide required core
15 services and perform required functions.

16 *e.* At least one community mental health center or a
17 federally qualified health center with providers qualified
18 to provide psychiatric services, either directly or with
19 assistance from psychiatric consultants, is located within the
20 region, has the capacity to provide outpatient services for the
21 region, and is either under contract with the region or has
22 provided documentation of intent to contract with the region
23 to provide the services.

24 *f.* A hospital with an inpatient psychiatric unit or a state
25 mental health institute is located in or within reasonably
26 close proximity to the region, has the capacity to provide
27 inpatient services for the region, and is either under contract
28 with the region or has provided documentation of intent to
29 contract with the region to provide the services.

30 *g.* The regional administrator structure proposed for or
31 utilized by the region has clear lines of accountability and
32 the regional administrator functions as a lead agency utilizing
33 shared county staff or other means of limiting administrative
34 costs.

35 4. County formation of a mental health and disability

1 services region is subject to all of the following:

2 *a.* On or before November 1, 2012, counties voluntarily
3 participating in a region have complied with all of the
4 following formation criteria:

5 (1) The counties forming the region have been identified
6 and the board of supervisors of the counties have approved a
7 written letter of intent to join together to form the region.

8 (2) The proposed region complies with the requirements in
9 subsection 3.

10 (3) The department provides written notice to the boards
11 of supervisors of the counties identified for the region in
12 the letter of intent that the counties have complied with the
13 requirements in subsection 3.

14 *b.* Upon compliance with the provisions of paragraph "*a*", the
15 participating counties are eligible for technical assistance
16 provided by the department.

17 *c.* During the period of November 2, 2012, through January
18 1, 2013, a county that has not agreed to be part of a region
19 in accordance with paragraph "*a*" shall be assigned by the
20 department to a region.

21 *d.* On or before June 30, 2013, all counties shall be part of
22 a region that is in compliance with the provisions of paragraph
23 "*a*" other than meeting the November 1, 2012, date.

24 *e.* On or before June 30, 2014, all counties shall be
25 in compliance with all of the following mental health and
26 disability services region implementation criteria:

27 (1) The board of supervisors of each county participating in
28 the region has voted to approve a chapter 28E agreement.

29 (2) The duly authorized representatives of all the counties
30 participating in the region have signed the chapter 28E
31 agreement that is in compliance with section 331.438C.

32 (3) The county board of supervisors' or supervisors'
33 designee members and other members of the region's governing
34 board have been appointed in accordance with section 331.438C.

35 (4) Executive staff for the region's regional administrator

1 have been identified or engaged.

2 (5) An initial draft of a regional service management
3 transition plan has been developed which identifies the steps
4 to be taken by the region to do all of the following:

5 (a) Designate access points for the disability services
6 administered by the region.

7 (b) Designate the region's targeted case manager provider
8 funded by the medical assistance program.

9 (c) Identify the service provider network for the region.

10 (d) Define the service access and service authorization
11 process to be utilized for the region.

12 (e) Identify the information technology and data management
13 capacity to be employed to support regional functions.

14 (f) Establish business functions, funds accounting
15 procedures, and other administrative processes.

16 (g) Comply with data reporting and other information
17 technology requirements adopted by the state commission.

18 (6) The department and the state commission have approved
19 the region's chapter 28E agreement and the initial draft of the
20 regional management transition plan.

21 *f.* If the department, with the concurrence of the state
22 commission, determines that a region is in substantial
23 compliance with the implementation criteria in paragraph "e"
24 and has sufficient operating capacity to begin operations, the
25 region may commence partial or full operations prior to July
26 2014.

27 Sec. 18. NEW SECTION. 331.438C **Regional governance**
28 **structure.**

29 1. The counties comprising a mental health and disability
30 services region shall enter into an agreement under chapter
31 28E to form a regional administrator under the control of a
32 governing board to function on behalf of those counties.

33 2. The governing board shall comply with all of the
34 following requirements:

35 *a.* The membership of the governing board shall consist

1 of one or more board of supervisor members from each county
2 comprising the region or their designees. The decisions
3 involving the local public funding administered by the
4 governing board and the regional administrator shall be made
5 by these members.

6 *b.* The membership of the governing board shall also consist
7 of at least three individuals who utilize mental health and
8 disability services or actively involved relatives of such
9 individuals. These members shall be designated in a manner
10 so as to represent the geographic areas of the region and to
11 provide balanced representation for the various disability
12 groups utilizing the services provided through the region.

13 *c.* The membership of the governing board shall not include
14 representatives of service providers or the department.

15 *d.* The governing board shall have a regional advisory
16 committee consisting of individuals who utilize services or
17 actively involved relatives of such individuals, service
18 providers, and regional governing board members.

19 3. The regional administrator shall be under the control of
20 the governing board. The regional administrator shall enter
21 into performance-based contracts with the department for the
22 regional administrator to manage, on behalf of the counties
23 comprising the region, the mental health and disability
24 services that are not funded by the medical assistance program
25 under chapter 249A and for coordinating with the department the
26 provision of mental health and disability services that are
27 funded under the medical assistance program.

28 Sec. 19. NEW SECTION. 331.438D **Regional finances.**

29 1. The funding under the control of the governing board
30 shall be maintained in a combined account, in separate county
31 accounts that are under the control of the governing board, or
32 pursuant to other arrangements authorized by law that limit the
33 administrative burden of such control while facilitating public
34 scrutiny of financial processes.

35 2. The administrative costs of the regional administrator

1 shall be limited to five percent of expenditures. Expenditures
2 considered to be administrative costs shall be determined in
3 accordance with law.

4 3. The funding provided pursuant to performance-based
5 contracts with the department shall be credited to the account
6 or accounts under the control of the governing board.

7 Sec. 20. NEW SECTION. 331.438E **Regional governance**
8 **agreements.**

9 1. In addition to compliance with the applicable provisions
10 of chapter 28E, the chapter 28E agreement entered into by the
11 counties comprising a mental health and disability services
12 region in forming the regional administrator to function on
13 behalf of the counties shall comply with the requirements of
14 this section.

15 2. The organizational provisions of the agreement shall
16 include all of the following:

17 a. A statement of purpose, goals, and objectives of entering
18 into the agreement.

19 b. Identification of the governing board membership and the
20 terms, methods of appointment, voting procedures, and other
21 provisions applicable to the operation of the governing board.

22 c. The identification of the executive staff of the regional
23 administrator serving as the single point of accountability for
24 the region.

25 d. The counties participating in the agreement.

26 e. The time period of the agreement and terms for
27 termination or renewal of the agreement.

28 f. The circumstances under which additional counties may
29 join the region.

30 g. Methods for dispute resolution and mediation.

31 h. Methods for termination of a county's participation in
32 the region.

33 i. Provisions for formation and assigned responsibilities
34 for one or more advisory committees consisting of individuals
35 who utilize services or actively involved relatives of such

1 individuals, service providers, governing board members, and
2 other interests identified in the agreement.

3 3. The administrative provisions of the agreement shall
4 include all of the following:

5 a. Responsibility of the governing board in appointing and
6 evaluating the performance of the chief executive officer of
7 the regional administrator.

8 b. A specific list of the functions and responsibilities of
9 the regional administrator's chief executive officer and other
10 administrative staff.

11 c. Specification of the functions to be carried out by each
12 party to the agreement and by any subcontractor of a party to
13 the agreement. A contract with a provider network shall be
14 separately addressed.

15 4. The financial provisions of the agreement shall include
16 all of the following:

17 a. Methods for pooling, management, and expenditure of the
18 funding under the control of the regional administrator. If
19 the agreement does not provide for pooling of the participating
20 county moneys in a single fund, the agreement shall specify how
21 the participating county moneys will be subject to the control
22 of the regional administrator.

23 b. Methods for allocating administrative funding and
24 resources.

25 c. Contributions and uses of initial funding or related
26 contributions made by the counties participating in the
27 region for purposes of commencing operations by the regional
28 administrator.

29 d. Methods for acquiring or disposing of real property.

30 e. A process for determining the use of savings for
31 reinvestment.

32 f. A process for performance of an annual independent audit
33 of the regional administrator.

34 Sec. 21. NEW SECTION. 331.438F County of residence —
35 services to residents — disputes between counties or regions and

1 the department.

2 1. For the purposes of this section, unless the context
3 otherwise requires:

4 *a. "County of residence"* means the county in this state in
5 which, at the time a person applies for or receives services,
6 the person is living in the county and has established an
7 ongoing presence with the declared, good faith intention of
8 living in the county for a permanent or indefinite period of
9 time. The county of residence of a person who is a homeless
10 person is the county where the homeless person usually sleeps.
11 *"County of residence"* does not mean the county where a person is
12 present for the purpose of receiving services in a hospital,
13 a correctional facility, a halfway house for community-based
14 corrections or substance abuse treatment, a nursing facility,
15 an intermediate care facility for persons with an intellectual
16 disability, or a residential care facility, or for the purpose
17 of attending a college or university.

18 *b. "Homeless person"* means the same as defined in section
19 48A.2.

20 *c. "Person"* means a person who is a United States citizen or
21 a qualified alien as defined in 8 U.S.C. § 1641.

22 2. If a county of residence is part of a mental health and
23 disability services region that has agreed to pool funding and
24 liability for services, the responsibilities of the county
25 under law regarding such services shall be performed on behalf
26 of the county by the regional administrator. The county of
27 residence or the county's mental health and disability services
28 region, as applicable, is responsible for paying the public
29 costs of the mental health and disability services that are
30 not covered by the medical assistance program under chapter
31 249A and are provided in accordance with the region's approved
32 service management plan to persons who are residents of the
33 county or region.

34 3. *a.* The dispute resolution process implemented in
35 accordance with this subsection applies to residency disputes.

1 The dispute resolution process is not applicable to disputes
2 involving persons committed to a state facility pursuant to
3 chapter 812 or rule of criminal procedure 2.22, Iowa court
4 rules, or to disputes involving service authorization decisions
5 made by a region.

6 *b.* If a county, region, or the department, as applicable,
7 receives a billing for services provided to a resident
8 in another county or region, or objects to a residency
9 determination certified by the department or another county's
10 or region's regional administrator and asserts either that the
11 person has residency in another county or region or the person
12 is not a resident of this state or the person's residency
13 is unknown so that the person is deemed a state case, the
14 person's residency status shall be determined as provided in
15 this section. The county or region shall notify the department
16 of the county's or region's assertion within one hundred
17 twenty days of receiving the billing. If the county or region
18 asserts that the person has residency in another county or
19 region, that county or region shall be notified at the same
20 time as the department. If the department disputes a residency
21 determination certification made by a regional administrator,
22 the department shall notify the affected counties or regions
23 of the department's assertion.

24 *c.* The department, county, or region that received the
25 notification, as applicable, shall respond to the party that
26 provided the notification within forty-five days of receiving
27 the notification. If the parties cannot agree to a settlement
28 as to the person's residency status within ninety days of the
29 date of notification, on motion of any of the parties, the
30 matter shall be referred to the department of inspections and
31 appeals for a contested case hearing under chapter 17A before
32 an administrative law judge assigned in accordance with section
33 10A.801 to determine the person's residency status.

34 *d.* (1) The administrative law judge's determination
35 of the person's residency status is a final agency action,

1 notwithstanding contrary provisions of section 17A.15.
2 The party that does not prevail in the determination or
3 subsequent judicial review is liable for costs associated with
4 the proceeding, including reimbursement of the department
5 of inspections and appeals' actual costs associated with
6 the administrative proceeding. Judicial review of the
7 determination may be sought in accordance with section 17A.19.

8 (2) If following the determination of a person's residency
9 status in accordance with this section, additional evidence
10 becomes available that merits a change in that determination,
11 the parties affected may change the determination by mutual
12 agreement. Otherwise, a party may move that the matter be
13 reconsidered by the department, county, or region, or by the
14 administrative law judge.

15 e. (1) Unless a petition is filed for judicial review,
16 the administrative law judge's determination of the person's
17 residency status shall result in one of the following:

18 (a) If a county or region is determined to be the person's
19 residence, the county or region shall pay the amounts due and
20 shall reimburse any other amounts paid for services provided by
21 the other county or region or the department on the person's
22 behalf prior to the determination.

23 (b) If it is determined that the person is not a resident
24 of this state or the person's residency is unknown so that the
25 person is deemed to be a state case, the department shall pay
26 the amounts due and shall reimburse the county or region, as
27 applicable, for any payment made on behalf of the person prior
28 to the determination.

29 (2) The payment or reimbursement shall be remitted within
30 forty-five days of the date the decision was issued. After
31 the forty-five-day period, a penalty of not greater than one
32 percent per month may be added to the amount due.

33 Sec. 22. CODE EDITOR. The Code editor shall codify the
34 provisions of this division of this Act enacting new sections
35 in chapter 331, as a new part of division IV, tentatively

1 numbered part 2A.

2 Sec. 23. APPLICABILITY. The provisions of this division
3 of this Act enacting new sections in chapter 331, except
4 as specifically provided by the provisions, are applicable
5 beginning July 1, 2013.

6 DIVISION V

7 CONFORMING AMENDMENTS — CENTRAL POINT OF COORDINATION,
8 LEGAL SETTLEMENT, COUNTY MENTAL HEALTH, MENTAL RETARDATION,
9 AND DEVELOPMENTAL DISABILITIES SERVICES FUNDS, AND DISPUTE
10 RESOLUTION PROCESSES

11 Sec. 24. Section 123.38, subsection 2, Code 2011, is amended
12 to read as follows:

13 2. Any licensee or permittee, or the licensee's or
14 permittee's executor or administrator, or any person duly
15 appointed by the court to take charge of and administer the
16 property or assets of the licensee or permittee for the benefit
17 of the licensee's or permittee's creditors, may voluntarily
18 surrender a license or permit to the division. When a license
19 or permit is surrendered the division shall notify the local
20 authority, and the division or the local authority shall
21 refund to the person surrendering the license or permit, a
22 proportionate amount of the fee received by the division or
23 the local authority for the license or permit as follows: if
24 a license or permit is surrendered during the first three
25 months of the period for which it was issued, the refund shall
26 be three-fourths of the amount of the fee; if surrendered
27 more than three months but not more than six months after
28 issuance, the refund shall be one-half of the amount of the
29 fee; if surrendered more than six months but not more than
30 nine months after issuance, the refund shall be one-fourth of
31 the amount of the fee. No refund shall be made, however, for
32 any special liquor permit, nor for a liquor control license,
33 wine permit, or beer permit surrendered more than nine months
34 after issuance. For purposes of this subsection, any portion
35 of license or permit fees used for the purposes authorized in

1 section 331.424, subsection 1, paragraph "a", subparagraphs
 2 (1) and (2), and in ~~section 331.424A~~ chapter 331, division IV,
 3 part 2A, shall not be deemed received either by the division or
 4 by a local authority. No refund shall be made to any licensee
 5 or permittee, upon the surrender of the license or permit, if
 6 there is at the time of surrender, a complaint filed with the
 7 division or local authority, charging the licensee or permittee
 8 with a violation of this chapter. If upon a hearing on a
 9 complaint the license or permit is not revoked or suspended,
 10 then the licensee or permittee is eligible, upon surrender of
 11 the license or permit, to receive a refund as provided in this
 12 section; but if the license or permit is revoked or suspended
 13 upon hearing the licensee or permittee is not eligible for the
 14 refund of any portion of the license or permit fee.

15 Sec. 25. Section 218.99, Code 2011, is amended to read as
 16 follows:

17 **218.99 Counties to be notified of patients' personal**
 18 **accounts.**

19 The administrator in control of a state institution shall
 20 direct the business manager of each institution under the
 21 administrator's jurisdiction which is mentioned in section
 22 331.424, subsection 1, paragraph "a", subparagraphs (1) and
 23 (2), and for which services are paid under ~~section 331.424A~~
 24 chapter 331, division IV, part 2A, to quarterly inform the
 25 regional administrator of the county of legal settlement's
 26 ~~entity designated to perform the county's central point of~~
 27 ~~coordination process~~ residence of any patient or resident who
 28 has an amount in excess of two hundred dollars on account in
 29 the patients' personal deposit fund and the amount on deposit.
 30 The administrators shall direct the business manager to further
 31 notify the ~~entity designated to perform the county's central~~
 32 ~~point of coordination process~~ regional administrator of the
 33 county of residence at least fifteen days before the release
 34 of funds in excess of two hundred dollars or upon the death
 35 of the patient or resident. ~~If the patient or resident has~~

1 ~~no county of legal settlement, notice shall be made to the~~
2 ~~director of human services and the administrator in control of~~
3 ~~the institution involved.~~

4 Sec. 26. Section 222.2, subsection 3, Code 2011, is amended
5 by striking the subsection.

6 Sec. 27. Section 222.2, Code 2011, is amended by adding the
7 following new subsection:

8 NEW SUBSECTION. 5A. "*Regional administrator*" means the same
9 as defined in section 331.438A.

10 Sec. 28. Section 222.10, Code 2011, is amended to read as
11 follows:

12 **222.10 Duty of peace officer.**

13 When any person with mental retardation departs without
14 proper authority from an institution in another state and
15 is found in this state, any peace officer in any county in
16 which such patient is found may take and detain the patient
17 without warrant or order and shall report such detention to the
18 administrator. The administrator shall provide for the return
19 of the patient to the authorities in the state from which the
20 unauthorized departure was made. Pending return, such patient
21 may be detained temporarily at one of the institutions of this
22 state governed by the administrator or by the administrator of
23 the division of child and family services of the department
24 of human services. The provisions of this section relating
25 to the administrator shall also apply to the return of other
26 nonresident persons with mental retardation having legal
27 ~~settlement~~ residency outside the state of Iowa.

28 Sec. 29. Section 222.13, Code 2011, is amended to read as
29 follows:

30 **222.13 Voluntary admissions.**

31 1. If an adult person is believed to be a person with mental
32 retardation, the adult person or the adult person's guardian
33 ~~may submit a request through the central point of coordination~~
34 ~~process for the county board of supervisors~~ regional
35 administrator of the adult person's county of residence in

1 writing to apply to the superintendent of any state resource
2 center for the voluntary admission of the adult person either
3 as an inpatient or an outpatient of the resource center.
4 ~~After determining the legal settlement of the adult person as~~
5 ~~provided by this chapter, the board of supervisors~~ The regional
6 administrator, on behalf of the board of supervisors shall, on
7 forms prescribed by the department's administrator, apply to
8 the superintendent of the resource center in the district for
9 the admission of the adult person to the resource center. An
10 application for admission to a special unit of any adult person
11 believed to be in need of any of the services provided by the
12 special unit under section 222.88 may be made in the same
13 manner, upon request of the adult person or the adult person's
14 guardian. The superintendent shall accept the application
15 providing if a preadmission diagnostic evaluation, performed
16 ~~through the central point of coordination process~~ through the
17 regional administrator, confirms or establishes the need for
18 admission, except that an application ~~may~~ shall not be accepted
19 if the institution does not have adequate facilities available
20 or if the acceptance will result in an overcrowded condition.

21 2. If the resource center ~~has no~~ does not have an
22 appropriate program for the treatment of an adult or minor
23 person with mental retardation applying under this section
24 or section 222.13A, the ~~board of supervisors~~ regional
25 administrator on behalf of the board of supervisors shall
26 arrange for the placement of the person in any public or
27 private facility within or without the state, approved by the
28 ~~director of the department~~ of human services, which offers
29 appropriate services for the person, as determined ~~through~~
30 ~~the central point of coordination process~~ by the regional
31 administrator.

32 3. Upon applying for admission of an adult or minor person
33 to a resource center, or a special unit, or upon arranging for
34 the placement of the person in a public or private facility,
35 if the county would be liable to pay the expenses in full

1 or in part, the regional administrator, on behalf of the
2 board of supervisors shall make a full investigation into
3 the financial circumstances of that person and those liable
4 for that person's support under section 222.78 to determine
5 whether or not any of them are able to pay the expenses arising
6 out of the admission of the person to a resource center,
7 special treatment unit, or public or private facility. If
8 the ~~board~~ regional administrator finds that the person or
9 those legally responsible for the person are presently unable
10 to pay the expenses, the ~~board~~ regional administrator shall
11 direct that the expenses be paid by the county. The ~~board~~
12 regional administrator may review its finding at any subsequent
13 time while the person remains at the resource center, or
14 is otherwise receiving care or treatment for which this
15 chapter obligates the county to pay. If the ~~board~~ regional
16 administrator finds upon review that the person or those
17 legally responsible for the person are presently able to pay
18 the expenses, the finding shall apply only to the charges
19 incurred during the period beginning on the date of the
20 review and continuing thereafter, unless and until the ~~board~~
21 regional administrator again changes its finding. If the ~~board~~
22 regional administrator finds that the person or those legally
23 responsible for the person are able to pay the expenses, the
24 ~~board~~ regional administrator shall direct that the charges
25 be so paid to the extent required by section 222.78, and the
26 county auditor shall be responsible for the collection of the
27 charges.

28 Sec. 30. Section 222.13A, subsections 1, 2, and 4, Code
29 2011, are amended to read as follows:

30 1. If a minor is believed to be a person with mental
31 retardation, the minor's parent, guardian, or custodian
32 may request the county board of supervisors in writing to
33 apply for admission of the minor as a voluntary patient in
34 a state resource center. If the resource center does not
35 have appropriate services for the minor's treatment, the

1 board of supervisors may arrange for the admission of the
2 minor in a public or private facility within or without the
3 state, approved by the director of human services, which
4 offers appropriate services for the minor's treatment. If
5 half or more of the nonfederal share of the costs of services
6 provided to a minor in accordance with this section is the
7 responsibility of the state, the costs of the preadmission
8 diagnostic evaluation, court appointed attorney, and court
9 costs, relating to the services shall be paid by the state.
10 If more than half of the nonfederal share of the costs of
11 such services is the responsibility of the minor's county of
12 residence, the costs of the preadmission diagnostic evaluation,
13 court appointed attorney, and court costs, relating to the
14 services shall be paid by the county of residence.

15 2. Upon receipt of an application for voluntary admission
16 of a minor, the board of supervisors shall provide for a
17 preadmission diagnostic evaluation of the minor to confirm
18 or establish the need for the admission. The preadmission
19 diagnostic evaluation shall be performed by a person who
20 meets the qualifications of a qualified mental retardation
21 professional who is designated through the ~~central point of~~
22 ~~coordination process~~ regional administrator. Any portion of
23 the cost of the evaluation not paid by the minor or those
24 liable for the minor's support under section 222.78 is the
25 responsibility of the state.

26 4. As soon as practicable after the filing of a petition for
27 approval of the voluntary admission, the court shall determine
28 whether the minor has an attorney to represent the minor in the
29 proceeding. If the minor does not have an attorney, the court
30 shall assign to the minor an attorney. If the minor is unable
31 to pay for an attorney, the attorney shall be compensated by
32 the county or state, as applicable, at an hourly rate to be
33 established ~~by the county board of supervisors~~ in substantially
34 the same manner as provided in section 815.7.

35 Sec. 31. Section 222.22, Code 2011, is amended to read as

1 follows:

2 **222.22 Time of appearance.**

3 The time of appearance shall not be less than five days
4 after completed service unless the court orders otherwise.
5 Appearance on behalf of the person who is alleged to have
6 mental retardation may be made by any citizen of the county
7 or by any relative. The district court shall assign counsel
8 for the person who is alleged to have mental retardation.
9 Counsel shall prior to proceedings personally consult with the
10 person who is alleged to have mental retardation unless the
11 judge appointing counsel certifies that in the judge's opinion,
12 consultation shall serve no useful purpose. The certification
13 shall be made a part of the record. An attorney assigned by
14 the court shall be compensated by the ~~county~~ state at an hourly
15 rate to be established ~~by the county board of supervisors~~ in
16 substantially the same manner as provided in section 815.7.

17 Sec. 32. Section 222.28, Code 2011, is amended to read as
18 follows:

19 **222.28 Commission to examine.**

20 The court may, at or prior to the final hearing, appoint
21 a commission of one qualified physician and one qualified
22 psychologist, designated through the ~~central point of~~
23 ~~coordination process,~~ regional administrator who shall make
24 a personal examination of the person alleged to be mentally
25 retarded for the purpose of determining the mental condition
26 of the person.

27 Sec. 33. Section 222.31, subsection 1, paragraph b, Code
28 2011, is amended to read as follows:

29 b. (1) Commit the person to the state resource center
30 designated by the administrator to serve the county in which
31 the hearing is being held, or to a special unit. The court
32 shall, prior to issuing an order of commitment, request
33 that a diagnostic evaluation of the person be made by ~~the~~
34 ~~superintendent of the resource center or the special unit, or~~
35 ~~the superintendent's qualified designee~~ a person qualified

1 to perform the diagnostic evaluation. ~~The evaluation shall~~
2 ~~be conducted at a place as the superintendent may direct.~~
3 ~~The cost of the evaluation shall be defrayed by the county~~
4 ~~of legal settlement unless otherwise ordered by the court.~~
5 The cost of the evaluation to be charged may be equal to but
6 shall not exceed the actual cost of the evaluation. Persons
7 ~~referred by a court to a resource center or the special unit~~
8 ~~for diagnostic evaluation shall be considered as outpatients of~~
9 ~~the institution. No order of commitment shall be issued unless~~
10 ~~the superintendent of the institution recommends that the order~~
11 ~~be issued, and advises the court that adequate facilities for~~
12 ~~the care of the person are available.~~

13 (2) The court shall examine the report of the county
14 attorney filed pursuant to section 222.13, and if the report
15 shows that neither the person nor those liable for the person's
16 support under section 222.78 are presently able to pay the
17 charges rising out of the person's care in a resource center,
18 or special treatment unit, shall enter an order stating that
19 finding and directing that the charges be paid by the person's
20 county of residence or the state, as determined in accordance
21 with section 222.60. The court may, upon request of the ~~board~~
22 ~~of supervisors~~ payer of the charges, may review its finding at
23 any subsequent time while the person remains at the resource
24 center, or is otherwise receiving care or treatment for which
25 this chapter obligates the ~~county~~ payer to pay. If the court
26 finds upon review that the person or those legally responsible
27 for the person are presently able to pay the expenses, that
28 finding shall apply only to the charges incurred during the
29 period beginning on the date of the ~~board's~~ payer's request
30 for the review and continuing ~~thereafter~~ after that date,
31 unless and until the court again changes its finding. If the
32 court finds that the person, or those liable for the person's
33 support, are able to pay the charges, the court shall enter
34 an order directing that the charges be so paid to the extent
35 required by section 222.78.

1 Sec. 34. Section 222.49, Code 2011, is amended to read as
2 follows:

3 **222.49 Costs paid.**

4 The costs of proceedings shall be ~~defrayed from the county~~
5 ~~treasury paid by the county or the state, as determined in~~
6 accordance with section 222.60, unless otherwise ordered by
7 the court. When the person alleged to be mentally retarded
8 is found not to be mentally retarded, the court shall render
9 judgment for such costs against the person filing the petition
10 except when the petition is filed by order of court.

11 Sec. 35. Section 222.50, Code 2011, is amended to read as
12 follows:

13 **222.50 County of ~~legal settlement~~ residence or state to pay.**

14 When the proceedings are instituted in a county in which
15 the person who is alleged to have mental retardation was found
16 but which is not the county of ~~legal settlement~~ residence of
17 the person, and the costs are not taxed to the petitioner, the
18 person's county which is the legal settlement of the person
19 of residence or the state, as determined in accordance with
20 section 222.60, shall, on presentation of a properly itemized
21 bill for such costs, repay the costs to the former county.
22 ~~When the person's legal settlement is outside the state or is~~
23 ~~unknown, the costs shall be paid out of money in the state~~
24 ~~treasury not otherwise appropriated, itemized on vouchers~~
25 ~~executed by the auditor of the county which paid the costs, and~~
26 ~~approved by the administrator.~~

27 Sec. 36. Section 222.59, subsection 1, unnumbered paragraph
28 1, Code 2011, is amended to read as follows:

29 Upon receiving a request from an authorized requester, the
30 superintendent of a state resource center shall coordinate
31 with the ~~central point of coordination process~~ regional
32 administrator in assisting the requester in identifying
33 available community-based services as an alternative to
34 continued placement of a patient in the state resource center.
35 For the purposes of this section, "*authorized requester*" means

1 the parent, guardian, or custodian of a minor patient, the
2 guardian of an adult patient, or an adult patient who does not
3 have a guardian. The assistance shall identify alternatives
4 to continued placement which are appropriate to the patient's
5 needs and shall include but are not limited to any of the
6 following:

7 Sec. 37. Section 222.60, subsection 1, Code 2011, is amended
8 to read as follows:

9 1. All necessary and legal expenses for the cost of
10 admission or commitment or for the treatment, training,
11 instruction, care, habilitation, support and transportation of
12 persons with mental retardation, as provided for in the county
13 regional mental health and disability services management plan
14 provisions implemented pursuant to section 331.439, subsection
15 1 chapter 331, in a state resource center, or in a special
16 unit, or any public or private facility within or without the
17 state, approved by the director of the department of human
18 services, shall be paid by either:

19 a. The person's county in which such person has legal
20 settlement as defined in section 252.16 of residence unless the
21 expenses are covered by the medical assistance program under
22 chapter 249A.

23 b. The state when such the person has no legal settlement
24 or when such settlement is unknown is a resident in another
25 state or in a foreign country, the residence is unknown, or the
26 expenses are covered by the medical assistance program under
27 chapter 249A. The payment responsibility shall be deemed to be
28 a state case.

29 Sec. 38. Section 222.60, subsection 2, Code 2011, is amended
30 to read as follows:

31 2. a. Prior to a county of legal settlement residence
32 approving the payment of expenses for a person under this
33 section, the county may require that the person be diagnosed
34 to determine if the person has mental retardation or that
35 the person be evaluated to determine the appropriate level

1 of services required to meet the person's needs relating to
2 mental retardation. The diagnosis and the evaluation may be
3 performed concurrently and shall be performed by an individual
4 or individuals approved by the county who are qualified
5 to perform the diagnosis or the evaluation. Following the
6 initial approval for payment of expenses, the county ~~of legal~~
7 ~~settlement~~ may require that an evaluation be performed at
8 reasonable time periods.

9 **b.** The cost of a county-required diagnosis and an evaluation
10 is at the county's expense. In the case of a ~~person without~~
11 ~~legal settlement or whose legal settlement is unknown~~ service
12 covered under the medical assistance program, the state
13 may apply the diagnosis and evaluation provisions of this
14 subsection at the state's expense.

15 **c.** A diagnosis or an evaluation under this section may be
16 part of a ~~county's central point of coordination process under~~
17 ~~section 331.440,~~ regional service management plan provided that
18 a diagnosis is performed only by an individual qualified as
19 provided in this section.

20 Sec. 39. Section 222.61, Code 2011, is amended to read as
21 follows:

22 **222.61 ~~Legal settlement~~ Residency determined.**

23 When a county receives an application on behalf of any
24 person for admission to a resource center or a special unit
25 or when a court issues an order committing any person to a
26 resource center or a special unit, the board of supervisors
27 shall ~~utilize~~ refer the determination of residency to the
28 ~~central point of coordination process~~ regional administrator to
29 determine and certify that the ~~legal settlement~~ residence of
30 the person is in one of the following:

- 31 1. In the county in which the application is received or in
32 which the court is located.
- 33 2. In some other county of the state.
- 34 3. In another state or in a foreign country.
- 35 4. Unknown.

1 Sec. 40. Section 222.62, Code 2011, is amended to read as
2 follows:

3 **222.62 Settlement Residency in another county.**

4 When the ~~board of supervisors determines through the central~~
5 ~~point of coordination process~~ regional administrator determines
6 that the ~~legal settlement~~ residency of the person is other
7 than in the county in which the application is received, the
8 determination shall be certified to the superintendent of the
9 resource center or the special unit where the person is a
10 patient. The certification shall be accompanied by a copy of
11 the evidence supporting the determination. The superintendent
12 shall charge the expenses already incurred and unadjusted, and
13 all future expenses of the patient, to the county certified to
14 be the county of ~~legal settlement~~ residency.

15 Sec. 41. Section 222.63, Code 2011, is amended to read as
16 follows:

17 **222.63 Finding of settlement residency — objection.**

18 A ~~board of supervisors' certification utilizing of the~~
19 ~~central point of coordination process~~ county's regional
20 administrator that a person's ~~legal settlement~~ residency is in
21 another county shall be sent ~~by the board of supervisors~~ to
22 the auditor of the county of ~~legal settlement~~ residence. The
23 certification shall be accompanied by a copy of the evidence
24 supporting the determination. The auditor of the county of
25 ~~legal settlement~~ residence shall submit the certification
26 to the ~~board of supervisors~~ regional administrator of the
27 auditor's county and it shall be conclusively presumed that the
28 patient has a ~~legal settlement~~ residency in that county unless
29 that county disputes the determination of ~~legal settlement~~
30 residency as provided in section ~~225C.8~~ 331.438F.

31 Sec. 42. Section 222.64, Code 2011, is amended to read as
32 follows:

33 **222.64 Foreign state or country or unknown legal settlement**
34 **residency.**

35 If the ~~legal settlement~~ residency of the person is

1 ~~determined by the board of supervisors through the central~~
2 ~~point of coordination process~~ a county or the state to be in
3 a foreign state or country or is determined to be unknown,
4 the ~~board of supervisors~~ county or the state shall certify
5 the determination to the administrator. The certification
6 shall be accompanied by a copy of the evidence supporting the
7 determination. The care of the person shall be as arranged
8 by the ~~board of supervisors~~ county or the state or by an
9 order as the court may enter. Application for admission or
10 order of commitment may be made pending investigation by the
11 administrator.

12 Sec. 43. Section 222.65, Code 2011, is amended to read as
13 follows:

14 **222.65 Investigation.**

15 If an application is made for placement of a person in
16 a state resource center or special unit, the department's
17 administrator shall immediately investigate the legal
18 ~~settlement~~ residency of the person and proceed as follows:

19 1. If the administrator concurs with a certified
20 determination as to legal ~~settlement~~ residency of the person
21 so that the person is deemed a state case under section
22 222.60, the administrator shall cause the person either to be
23 transferred to a resource center or a special unit or to be
24 transferred to the place of foreign ~~settlement~~ residency.

25 2. If the administrator disputes a certified determination
26 of legal ~~settlement~~ residency, the administrator shall order
27 the person transferred to a state resource center or a special
28 unit until the dispute is resolved.

29 3. If the administrator disputes a certified determination
30 of legal ~~settlement~~ residency, the administrator shall utilize
31 the procedure provided in section ~~225C.8~~ 331.438F to resolve
32 the dispute. A determination of the person's legal ~~settlement~~
33 residency status made pursuant to section ~~225C.8~~ 331.438F is
34 conclusive.

35 Sec. 44. Section 222.66, Code 2011, is amended to read as

1 follows:

2 **222.66 Transfers — state cases — expenses.**

3 1. The transfer to a resource center or a special unit or
4 to the place of ~~legal settlement~~ residency of a person with
5 mental retardation who has no ~~legal settlement~~ residence in
6 this state or whose ~~legal settlement~~ residency is unknown,
7 shall be made in accordance with such directions as shall
8 be prescribed by the administrator and when practicable by
9 employees of the state resource center or the special unit.
10 The actual and necessary expenses of such transfers shall be
11 paid by the department on itemized vouchers sworn to by the
12 claimants and approved by the administrator and the approved
13 amount is appropriated to the department from any funds in the
14 state treasury not otherwise appropriated.

15 2. The case of a person with mental retardation who
16 is determined to have no residence in this state or whose
17 residence is unknown shall be considered a state case.

18 Sec. 45. Section 222.67, Code 2011, is amended to read as
19 follows:

20 **222.67 Charge on finding of settlement residency.**

21 If a person has been received into a resource center or a
22 special unit as a patient whose ~~legal settlement is supposedly~~
23 ~~outside the state or~~ residency is unknown and the administrator
24 determines that the ~~legal settlement~~ residency of the patient
25 was at the time of admission or commitment in a county of
26 this state, the administrator shall certify the determination
27 and charge all legal costs and expenses pertaining to the
28 admission or commitment and support of the patient to the
29 county of ~~legal settlement~~ residence. The certification shall
30 be sent to the county of ~~legal settlement~~ residence. The
31 certification shall be accompanied by a copy of the evidence
32 supporting the determination. If the person's ~~legal settlement~~
33 residency status has been determined in accordance with section
34 ~~225C.8~~ 331.438F, the legal costs and expenses shall be charged
35 to the county or as a state case in accordance with that

1 determination. The costs and expenses shall be collected as
2 provided by law in other cases.

3 Sec. 46. Section 222.68, Code 2011, is amended to read as
4 follows:

5 **222.68 Costs paid in first instance.**

6 All necessary and legal expenses for the cost of admission
7 or commitment of a person to a resource center or a special
8 unit when the person's ~~legal-settlement~~ residency is found to
9 be in another county of this state shall in the first instance
10 be paid by the county from which the person was admitted or
11 committed. The county of ~~legal-settlement~~ residence shall
12 reimburse the county which pays for all such expenses. ~~Where~~
13 ~~any~~ If a county fails to make such reimbursement within
14 forty-five days following submission of a properly itemized
15 bill to the county of ~~legal-settlement~~ residence, a penalty of
16 not greater than one percent per month on and after forty-five
17 days from submission of the bill may be added to the amount
18 due.

19 Sec. 47. Section 222.69, Code 2011, is amended to read as
20 follows:

21 **222.69 Payment by state.**

22 ~~All~~ The amount necessary to pay the necessary and legal
23 expenses ~~for the cost~~ of admission or commitment of a person
24 to a resource center or a special unit when the person's ~~legal~~
25 ~~settlement~~ residence is outside this state or is unknown ~~shall~~
26 ~~be paid out of~~ is appropriated to the department from any
27 money in the state treasury not otherwise appropriated. Such
28 payments shall be made by the department on itemized vouchers
29 executed by the auditor of the county from which the expenses
30 have been paid and approved by the administrator.

31 Sec. 48. Section 222.70, Code 2011, is amended to read as
32 follows:

33 **222.70 ~~Legal-settlement~~ Residency disputes.**

34 If a dispute arises between counties or between the
35 department and a county as to the ~~legal-settlement~~ residency

1 of a person admitted or committed to a resource center, a
2 special unit, or a community-based service, the dispute shall
3 be resolved as provided in section ~~225C.8~~ 331.438F.

4 Sec. 49. Section 222.77, Code 2011, is amended to read as
5 follows:

6 **222.77 Patients on leave.**

7 The cost of support of patients placed on convalescent leave
8 or removed as a habilitation measure from a resource center,
9 or a special unit, except when living in the home of a person
10 legally bound for the support of the patient, shall be paid
11 by the county of ~~legal settlement~~ residence or the state as
12 provided in section 222.60. ~~If the patient has no county of~~
13 ~~legal settlement, the cost shall be paid from the support fund~~
14 ~~of the resource center or special unit and charged on abstract~~
15 ~~in the same manner as other state inpatients until the patient~~
16 ~~becomes self-supporting or qualifies for support under other~~
17 ~~statutes.~~

18 Sec. 50. Section 222.78, Code 2011, is amended to read as
19 follows:

20 **222.78 Parents and others liable for support.**

21 1. The father and mother of any patient admitted or
22 committed to a resource center or to a special unit, as
23 either an inpatient or an outpatient, and any person, firm, or
24 corporation bound by contract made for support of the patient
25 are liable for the support of the patient. The patient and
26 those legally bound for the support of the patient shall be
27 liable to the county or state, as applicable, for all sums
28 ~~advanced by the county to the state under~~ in accordance with
29 the provisions of sections 222.60 and 222.77.

30 2. The liability of any person, other than the patient,
31 who is legally bound for the support of a patient who is under
32 eighteen years of age in a resource center or a special unit
33 shall not exceed the average minimum cost of the care of a
34 normally intelligent minor without a disability of the same
35 age and sex as the minor patient. The administrator shall

1 establish the scale for this purpose but the scale shall not
2 exceed the standards for personal allowances established by
3 the state division under the family investment program. The
4 father or mother shall incur liability only during any period
5 when the father or mother either individually or jointly
6 receive a net income from whatever source, commensurate with
7 that upon which they would be liable to make an income tax
8 payment to this state. The father or mother of a patient shall
9 not be liable for the support of the patient upon the patient
10 attaining eighteen years of age. Nothing in this section
11 shall be construed to prevent a relative or other person
12 from voluntarily paying the full actual cost as established
13 by the administrator for caring for the patient with mental
14 retardation.

15 Sec. 51. Section 222.79, Code 2011, is amended to read as
16 follows:

17 **222.79 Certification statement presumed correct.**

18 In actions to enforce the liability imposed by section
19 ~~222.78, the certification statement sent from the~~
20 ~~superintendent to the county auditor pursuant to section~~
21 222.74 or the county of residence, as applicable, shall submit
22 a certification statement stating the sums charged ~~in such~~
23 ~~cases and the certification statement~~ shall be considered
24 presumptively correct.

25 Sec. 52. Section 222.80, Code 2011, is amended to read as
26 follows:

27 **222.80 Liability to county or state.**

28 A person admitted or committed to a county institution or
29 home or admitted or committed at county or state expense to a
30 private hospital, sanitarium, or other facility for treatment,
31 training, instruction, care, habilitation, and support as a
32 patient with mental retardation shall be liable to the county
33 or state, as applicable, for the reasonable cost of the support
34 as provided in section 222.78.

35 Sec. 53. Section 222.82, Code 2011, is amended to read as

1 follows:

2 **222.82 Collection of liabilities and claims.**

3 ~~The~~ If liabilities and claims exist as provided in section
4 222.78 or other provision of this chapter, the county of
5 residence or the state, as applicable, may proceed as provided
6 in this section. If the liabilities and claims are owed to
7 a county of residence, the county's board of supervisors of
8 ~~each county~~ may direct the county attorney to proceed with the
9 collection of ~~said the~~ liabilities and claims as a part of
10 the duties of the county attorney's office when the board of
11 supervisors deems such action advisable. If the liabilities
12 and claims are owed to the state, the state shall proceed
13 with the collection. The board of supervisors or the state,
14 as applicable, may and is hereby empowered to compromise any
15 and all liabilities to the county or state arising under this
16 chapter when such compromise is deemed to be in the best
17 interests of the county or state. Any collections and liens
18 shall be limited in conformance to section 614.1, subsection 4.

19 Sec. 54. Section 222.86, Code 2011, is amended to read as
20 follows:

21 **222.86 Payment for care from fund.**

22 If a patient is not receiving medical assistance under
23 chapter 249A and the amount in the account of any patient
24 in the patients' personal deposit fund exceeds two hundred
25 dollars, the business manager of the resource center or special
26 unit may apply any amount of the excess to reimburse the
27 county of ~~legal settlement or the state in a case where no~~
28 ~~legal settlement exists~~ residence for liability incurred by
29 the county or the state for the payment of care, support, and
30 maintenance of the patient, when billed by the county ~~of legal~~
31 ~~settlement or by the administrator for a patient having no~~
32 ~~legal settlement~~ or state, as applicable.

33 Sec. 55. Section 222.92, subsection 3, paragraph a, Code
34 2011, is amended to read as follows:

35 a. Moneys received by the state from billings to counties

1 ~~under section 222.73.~~

2 Sec. 56. Section 225.11, Code 2011, is amended to read as
3 follows:

4 **225.11 Initiating commitment procedures.**

5 When a court finds upon completion of a hearing held pursuant
6 to section 229.12 that the contention that a respondent is
7 seriously mentally impaired has been sustained by clear and
8 convincing evidence, and the application filed under section
9 229.6 also contends or the court otherwise concludes that it
10 would be appropriate to refer the respondent to the state
11 psychiatric hospital for a complete psychiatric evaluation and
12 appropriate treatment pursuant to section 229.13, the judge
13 may order that a financial investigation be made in the manner
14 prescribed by section 225.13. If the costs of a respondent's
15 evaluation or treatment are payable in whole or in part by
16 a county, an order under this section shall be for referral
17 of the respondent through the ~~central point of coordination~~
18 ~~process~~ regional administrator for an evaluation and referral
19 of the respondent to an appropriate placement or service, which
20 may include the state psychiatric hospital for additional
21 evaluation or treatment. For purposes of this chapter, ~~"central~~
22 ~~point of coordination process"~~ "regional administrator" means the
23 same as defined in section ~~331.440~~ 331.438A.

24 Sec. 57. Section 225.15, Code 2011, is amended to read as
25 follows:

26 **225.15 Examination and treatment.**

27 1. When a respondent arrives at the state psychiatric
28 hospital, the admitting physician shall examine the respondent
29 and determine whether or not, in the physician's judgment, the
30 respondent is a fit subject for observation, treatment, and
31 hospital care. If, upon examination, the physician decides
32 that the respondent should be admitted to the hospital, the
33 respondent shall be provided a proper bed in the hospital;
34 and the physician who has charge of the respondent shall
35 proceed with observation, medical treatment, and hospital care

1 as in the physician's judgment are proper and necessary, in
2 compliance with sections 229.13 to 229.16.

3 2. A proper and competent nurse shall also be assigned to
4 look after and care for the respondent during observation,
5 treatment, and care. Observation, treatment, and hospital care
6 under this section which are payable in whole or in part by a
7 county shall only be provided as determined through the ~~central~~
8 ~~point of coordination process~~ county's regional administrator.

9 Sec. 58. Section 225.17, subsection 2, Code 2011, is amended
10 to read as follows:

11 2. When the respondent arrives at the hospital, the
12 respondent shall receive the same treatment as is provided for
13 committed public patients in section 225.15, in compliance with
14 sections 229.13 to 229.16. However, observation, treatment,
15 and hospital care under this section of a respondent whose
16 expenses are payable in whole or in part by a county shall
17 only be provided as determined through the ~~central point of~~
18 ~~coordination process~~ county's regional administrator.

19 Sec. 59. Section 225.23, Code 2011, is amended to read as
20 follows:

21 **225.23 Collection for treatment.**

22 If the bills for a committed or voluntary private patient are
23 paid by the state, the state psychiatric hospital shall file a
24 certified copy of the claim for the bills with the ~~auditor of~~
25 ~~the patient's county of residence~~ department of administrative
26 services. The ~~county of residence~~ department shall proceed to
27 collect the claim in the name of the state psychiatric hospital
28 and, when collected, pay the amount collected to the director
29 of the ~~department of administrative services.~~ The hospital
30 shall also, at the same time, forward a duplicate of the claim
31 to the ~~director of the department of administrative services.~~

32 Sec. 60. Section 225C.2, subsection 2, Code 2011, is amended
33 by striking the subsection.

34 Sec. 61. Section 225C.2, Code 2011, is amended by adding the
35 following new subsection:

1 NEW SUBSECTION. 9. "*Regional administrator*" means the same
2 as defined in section 331.438A.

3 Sec. 62. Section 225C.4, subsection 1, paragraph h, Code
4 2011, is amended by striking the paragraph.

5 Sec. 63. Section 225C.5, subsection 1, paragraph f, Code
6 Supplement 2011, is amended to read as follows:

7 f. Two members shall be ~~administrators of the central point~~
8 ~~of coordination process established in accordance with section~~
9 ~~331.440~~ regional administrator staff selected from nominees
10 submitted by the community services affiliate of the Iowa state
11 association of counties.

12 Sec. 64. Section 225C.6, subsection 1, paragraph b, Code
13 Supplement 2011, is amended to read as follows:

14 b. Adopt necessary rules pursuant to chapter 17A which
15 relate to disability programs, core disability services, and
16 other services, including but not limited to definitions of
17 each disability included within the term "*disability services*"
18 as necessary for purposes of state, county, and regional
19 planning, programs, and services.

20 Sec. 65. Section 225C.6, subsection 1, paragraph 1, Code
21 Supplement 2011, is amended by striking the paragraph and
22 inserting in lieu thereof the following:

23 1. Identify basic financial eligibility standards for the
24 disability services provided by a mental health and disability
25 services region. The initial standards shall be as specified
26 in chapter 331.

27 Sec. 66. Section 225C.6A, Code 2011, is amended to read as
28 follows:

29 **225C.6A Disability services data system redesign.**

30 The commission shall do the following relating to ~~redesign~~
31 ~~of the~~ data concerning the disability services system in the
32 state:

33 ~~1. Identify sources of revenue to support statewide~~
34 ~~delivery of core disability services to eligible disability~~
35 ~~populations.~~

1 ~~2. Ensure there is a continuous improvement process for~~
2 ~~development and maintenance of the disability services system~~
3 ~~for adults and children. The process shall include but is not~~
4 ~~limited to data collection and reporting provisions.~~

5 ~~3.~~ a. 1. Plan, collect, and analyze data as necessary to
6 issue cost estimates for serving additional populations and
7 providing core disability services statewide. The department
8 shall maintain compliance with applicable federal and state
9 privacy laws to ensure the confidentiality and integrity of
10 individually identifiable disability services data. The
11 department shall regularly assess the status of the compliance
12 in order to assure that data security is protected.

13 ~~b.~~ 2. In implementing a system under this ~~subsection~~
14 ~~section~~ for collecting and analyzing state, county, and private
15 contractor data, the department shall establish a client
16 identifier for the individuals receiving services. The client
17 identifier shall be used in lieu of the individual's name or
18 social security number. The client identifier shall consist of
19 the last four digits of an individual's social security number,
20 the first three letters of the individual's last name, the
21 individual's date of birth, and the individual's gender in an
22 order determined by the department.

23 ~~c.~~ 3. Each ~~county~~ regional administrator shall regularly
24 report to the department ~~annually on or before December 1, for~~
25 ~~the preceding fiscal year~~ the following information for each
26 individual served: demographic information, expenditure data,
27 and data concerning the services and other support provided to
28 each individual, as specified in administrative rule adopted
29 by the commission.

30 ~~4. Work with county representatives and other qualified~~
31 ~~persons to develop an implementation plan for replacing the~~
32 ~~county of legal settlement approach to determining service~~
33 ~~system funding responsibilities with an approach based upon~~
34 ~~residency. The plan shall address a statewide standard for~~
35 ~~proof of residency, outline a plan for establishing a data~~

1 ~~system for identifying residency of eligible individuals,~~
2 ~~address residency issues for individuals who began residing in~~
3 ~~a county due to a court order or criminal sentence or to obtain~~
4 ~~services in that county, recommend an approach for contesting~~
5 ~~a residency determination, and address other implementation~~
6 ~~issues.~~

7 Sec. 67. Section 225C.12, Code 2011, is amended to read as
8 follows:

9 **225C.12 Partial reimbursement to counties for local inpatient**
10 **mental health care and treatment.**

11 1. A county which pays, from county funds ~~budgeted~~
12 ~~under section 331.424A,~~ the cost of care and treatment of
13 a person with mental illness who is admitted pursuant to a
14 preliminary diagnostic evaluation under sections 225C.14 to
15 225C.17 for treatment as an inpatient of a hospital facility,
16 other than a state mental health institute, which has a
17 designated mental health program and is a hospital accredited
18 by the accreditation program for hospital facilities of the
19 joint commission, formerly known as the joint commission on
20 accreditation of health care organizations, is entitled to
21 reimbursement from the state for a portion of the daily cost
22 so incurred by the county. However, a county is not entitled
23 to reimbursement for a cost incurred in connection with
24 the hospitalization of a person who is eligible for medical
25 assistance under chapter 249A, or who is entitled to have
26 care or treatment paid for by any other third-party payor, or
27 who is admitted for preliminary diagnostic evaluation under
28 sections 225C.14 to 225C.17. The amount of reimbursement for
29 the cost of treatment of a local inpatient to which a county
30 is entitled, on a per-patient-per-day basis, is an amount
31 equal to twenty percent of the average of the state mental
32 health institutes' individual average daily patient costs in
33 the most recent calendar quarter for the program in which the
34 local inpatient would have been served if the patient had been
35 admitted to a state mental health institute.

1 2. A county may claim reimbursement by filing with the
2 administrator a claim in a form prescribed by the administrator
3 by rule. Claims may be filed on a quarterly basis, and when
4 received shall be verified as soon as reasonably possible
5 by the administrator. The administrator shall certify to
6 the director of the department of administrative services
7 the amount to which each county claiming reimbursement is
8 entitled, and the director of the department of administrative
9 services shall issue warrants to the respective counties
10 drawn upon funds appropriated by the general assembly for
11 the purpose of this section. A county shall place funds
12 received under this section in the ~~county mental health, mental~~
13 ~~retardation, and developmental disabilities services fund~~
14 ~~created under section 331.424A~~ or account designated by law to
15 hold moneys for expenditure for the county's mental health and
16 disability services. If the appropriation for a fiscal year
17 is insufficient to pay all claims arising under this section,
18 the director of the department of administrative services shall
19 prorate the funds appropriated for that year among the claimant
20 counties so that an equal proportion of each county's claim is
21 paid in each quarter for which proration is necessary.

22 Sec. 68. Section 225C.14, subsection 1, Code 2011, is
23 amended to read as follows:

24 1. Except in cases of medical emergency, a person shall be
25 admitted to a state mental health institute as an inpatient
26 only after a preliminary diagnostic evaluation performed
27 through the ~~central point of coordination process~~ regional
28 administrator of the person's county of residence has confirmed
29 that the admission is appropriate to the person's mental health
30 needs, and that no suitable alternative method of providing the
31 needed services in a less restrictive setting or in or nearer
32 to the person's home community is currently available. If
33 provided for through the ~~central point of coordination process~~
34 regional administrator, the evaluation may be performed by a
35 community mental health center or by an alternative diagnostic

1 facility. The policy established by this section shall be
2 implemented in the manner and to the extent prescribed by
3 sections 225C.15, 225C.16 and 225C.17.

4 Sec. 69. Section 225C.16, subsections 2 through 4, Code
5 2011, are amended to read as follows:

6 2. The clerk of the district court in that county shall
7 refer a person applying for authorization for voluntary
8 admission, or for authorization for voluntary admission of
9 another person, in accordance with section 229.42, to the
10 appropriate entity designated through the ~~central point of~~
11 ~~coordination process~~ regional administrator of the person's
12 county of residence under section 225C.14 for the preliminary
13 diagnostic evaluation unless the applicant furnishes a written
14 statement from the appropriate entity which indicates that the
15 evaluation has been performed and that the person's admission
16 to a state mental health institute is appropriate. This
17 subsection does not apply when authorization for voluntary
18 admission is sought under circumstances which, in the opinion
19 of the chief medical officer or that officer's physician
20 designee, constitute a medical emergency.

21 3. Judges of the district court in that county or the
22 judicial hospitalization referee appointed for that county
23 shall so far as possible arrange for the entity designated
24 through the ~~central point of coordination process~~ regional
25 administrator under section 225C.14 to perform a prehearing
26 examination of a respondent required under section 229.8,
27 subsection 3, paragraph "b".

28 4. The chief medical officer of a state mental health
29 institute shall promptly submit to the appropriate entity
30 designated through the ~~central point of coordination process~~
31 regional administrator under section 225C.14 a report of the
32 voluntary admission of a patient under the medical emergency
33 clauses of subsections 1 and 2. The report shall explain the
34 nature of the emergency which necessitated the admission of
35 the patient without a preliminary diagnostic evaluation by the

1 designated entity.

2 Sec. 70. Section 225C.19, subsection 3, paragraph c,
3 subparagraph (4), Code 2011, is amended to read as follows:

4 (4) County ~~central point of coordination processes~~ regional
5 administrators.

6 Sec. 71. Section 226.9C, subsection 1, unnumbered paragraph
7 1, Code Supplement 2011, is amended to read as follows:

8 The state mental health institute at Mount Pleasant shall
9 operate the dual diagnosis mental health and substance abuse
10 program on a net budgeting basis in which fifty percent of the
11 actual per diem and ancillary services costs are chargeable to
12 the patient's county of ~~legal settlement or as a state case,~~
13 ~~as appropriate~~ residence. Subject to the approval of the
14 department, revenues attributable to the dual diagnosis program
15 for each fiscal year shall be deposited in the mental health
16 institute's account and are appropriated to the department for
17 the dual diagnosis program, including but not limited to all of
18 the following revenues:

19 Sec. 72. Section 226.9C, subsection 2, Code Supplement
20 2011, is amended to read as follows:

21 2. The following additional provisions are applicable in
22 regard to the dual diagnosis program:

23 a. A county may split the charges between the county's
24 ~~mental health, mental retardation, and developmental~~
25 ~~disabilities services fund created pursuant to section 331.424A~~
26 fund or account designated by law to hold moneys for
27 expenditure for the county's mental health and disability
28 services and the county's budget for substance abuse
29 expenditures.

30 b. If an individual is committed to the custody of the
31 department of corrections at the time the individual is
32 referred for dual diagnosis treatment, the department of
33 corrections shall be charged for the costs of treatment.

34 c. Prior to an individual's admission for dual diagnosis
35 treatment, the individual shall have been screened through a

1 ~~county's central point of coordination process implemented~~
2 ~~pursuant to section 331.440~~ regional administrator to determine
3 the appropriateness of the treatment.

4 d. A county shall not be chargeable for the costs of
5 treatment for an individual enrolled in and authorized by or
6 decertified by a managed behavioral care plan under the medical
7 assistance program.

8 e. Notwithstanding section 8.33, state mental health
9 institute revenues related to the dual diagnosis program that
10 remain unencumbered or unobligated at the close of the fiscal
11 year shall not revert but shall remain available up to the
12 amount which would allow the state mental health institute
13 to meet credit obligations owed to counties as a result of
14 year-end per diem adjustments for the dual diagnosis program.

15 Sec. 73. Section 226.45, Code 2011, is amended to read as
16 follows:

17 **226.45 Reimbursement to county or state.**

18 If a patient is not receiving medical assistance under
19 chapter 249A and the amount to the account of any patient
20 in the patients' personal deposit fund exceeds two hundred
21 dollars, the business manager of the hospital may apply any of
22 the excess to reimburse the county of ~~legal settlement or the~~
23 ~~state in a case where no legal settlement exists~~ residence for
24 liability incurred by the county ~~or the state~~ for the payment
25 of care, support and maintenance of the patient, when billed by
26 the county of ~~legal settlement or by the administrator for a~~
27 ~~patient having no legal settlement~~ residence.

28 Sec. 74. Section 227.10, Code 2011, is amended to read as
29 follows:

30 **227.10 Transfers from county or private institutions.**

31 Patients who have been admitted at public expense to
32 any institution to which this chapter is applicable may be
33 involuntarily transferred to the proper state hospital for
34 persons with mental illness in the manner prescribed by
35 sections 229.6 to 229.13. The application required by section

1 229.6 may be filed by the administrator of the division or
 2 the administrator's designee, or by the administrator of the
 3 institution where the patient is then being maintained or
 4 treated. If the patient was admitted to that institution
 5 involuntarily, the administrator of the division may arrange
 6 and complete the transfer, and shall report it as required of
 7 a chief medical officer under section 229.15, subsection 5.
 8 The transfer shall be made at county expense, and the expense
 9 recovered, as provided in section 227.7. However, transfer
 10 under this section of a patient whose expenses are payable in
 11 whole or in part by a county is subject to an authorization for
 12 the transfer through the ~~central point of coordination process~~
 13 county's regional administrator as defined in chapter 331.

14 Sec. 75. Section 229.1, subsection 3, Code Supplement 2011,
 15 is amended by striking the subsection.

16 Sec. 76. Section 229.1, Code Supplement 2011, is amended by
 17 adding the following new subsection:

18 NEW SUBSECTION. 14A. "*Regional administrator*" means the
 19 same as defined in section 331.438A.

20 Sec. 77. Section 229.1B, Code 2011, is amended to read as
 21 follows:

22 **229.1B** ~~Central point of coordination process~~ Regional
 23 administrator authorization.

24 Notwithstanding any provision of this chapter to the
 25 contrary, any person whose hospitalization expenses are
 26 payable in whole or in part by a county shall be subject to
 27 all requirements of the ~~central point of coordination process~~
 28 county's regional administrator.

29 Sec. 78. Section 229.9A, Code 2011, is amended to read as
 30 follows:

31 **229.9A Advocate informed.**

32 The court shall direct the clerk to furnish the advocate
 33 of the respondent's county of ~~legal settlement~~ residence
 34 with a copy of application and any order issued pursuant to
 35 section 229.8, subsection 3. The advocate may attend the

1 hospitalization hearing of any respondent for whom the advocate
2 has received notice of a hospitalization hearing.

3 Sec. 79. Section 229.11, subsection 1, unnumbered paragraph
4 1, Code 2011, is amended to read as follows:

5 If the applicant requests that the respondent be taken into
6 immediate custody and the judge, upon reviewing the application
7 and accompanying documentation, finds probable cause to believe
8 that the respondent has a serious mental impairment and is
9 likely to injure the respondent or other persons if allowed
10 to remain at liberty, the judge may enter a written order
11 directing that the respondent be taken into immediate custody
12 by the sheriff or the sheriff's deputy and be detained until
13 the hospitalization hearing. The hospitalization hearing shall
14 be held no more than five days after the date of the order,
15 except that if the fifth day after the date of the order is
16 a Saturday, Sunday, or a holiday, the hearing may be held
17 on the next succeeding business day. If the expenses of a
18 respondent are payable in whole or in part by a county, for a
19 placement in accordance with paragraph "a", the judge shall give
20 notice of the placement to the ~~central point of coordination~~
21 ~~process~~ county's regional administrator, and for a placement
22 in accordance with paragraph "b" or "c", the judge shall order
23 the placement in a hospital or facility designated through
24 the ~~central point of coordination process~~ county's regional
25 administrator. The judge may order the respondent detained for
26 the period of time until the hearing is held, and no longer,
27 in accordance with paragraph "a", if possible, and if not then
28 in accordance with paragraph "b", or, only if neither of these
29 alternatives is available, in accordance with paragraph "c".

30 Detention may be:

31 Sec. 80. Section 229.12, subsection 2, Code 2011, is amended
32 to read as follows:

33 2. All persons not necessary for the conduct of the
34 proceeding shall be excluded, except that the court may admit
35 persons having a legitimate interest in the proceeding and

1 shall permit the advocate from the respondent's county of legal
2 ~~settlement~~ residence to attend the hearing. Upon motion of the
3 county attorney, the judge may exclude the respondent from the
4 hearing during the testimony of any particular witness if the
5 judge determines that witness's testimony is likely to cause
6 the respondent severe emotional trauma.

7 Sec. 81. Section 229.13, subsection 1, paragraph a, Code
8 2011, is amended to read as follows:

9 a. The court shall order a respondent whose expenses are
10 payable in whole or in part by a county placed under the care
11 of an appropriate hospital or facility designated through the
12 ~~central point of coordination process~~ regional administrator
13 of the respondent's county of residence on an inpatient or
14 outpatient basis.

15 Sec. 82. Section 229.14, subsection 2, paragraph a, Code
16 2011, is amended to read as follows:

17 a. For a respondent whose expenses are payable in whole
18 or in part by a county, placement as designated through the
19 ~~central point of coordination process~~ regional administrator
20 of the respondent's county of residence in the care of an
21 appropriate hospital or facility on an inpatient or outpatient
22 basis, or other appropriate treatment, or in an appropriate
23 alternative placement.

24 Sec. 83. Section 229.14A, subsections 7 and 9, Code 2011,
25 are amended to read as follows:

26 7. If a respondent's expenses are payable in whole or in
27 part by a county through the ~~central point of coordination~~
28 ~~process~~ regional administrator of the respondent's county of
29 residence, notice of a placement hearing shall be provided
30 to the county attorney and the county's ~~central point of~~
31 ~~coordination process~~ regional administrator. At the hearing,
32 the county may present evidence regarding appropriate
33 placement.

34 9. A placement made pursuant to an order entered under
35 section 229.13 or 229.14 or this section shall be considered to

1 be authorized through the ~~central point of coordination process~~
2 regional administrator.

3 Sec. 84. Section 229.19, subsection 1, paragraph b, Code
4 2011, is amended to read as follows:

5 b. The court or, if the advocate is appointed by the county
6 board of supervisors, the board shall assign the advocate
7 appointed from a patient's county of ~~legal settlement~~ residence
8 to represent the interests of the patient. If a patient has no
9 county of ~~legal settlement~~ residence or the patient's residence
10 is unknown, the court or, if the advocate is appointed by
11 the county board of supervisors, the board shall assign the
12 advocate appointed from the county where the hospital or
13 facility is located to represent the interests of the patient.

14 Sec. 85. Section 229.24, subsection 3, unnumbered paragraph
15 1, Code 2011, is amended to read as follows:

16 If all or part of the costs associated with hospitalization
17 of an individual under this chapter are chargeable to a county
18 of ~~legal settlement~~ residence, the clerk of the district court
19 shall provide to the ~~county of legal settlement~~ regional
20 administrator of the respondent's county of residence and
21 to the regional administrator of the county in which the
22 hospitalization order is entered the following information
23 pertaining to the individual which would be confidential under
24 subsection 1:

25 Sec. 86. Section 229.31, Code 2011, is amended to read as
26 follows:

27 **229.31 Commission of inquiry.**

28 A sworn complaint, alleging that a named person is not
29 seriously mentally impaired and is unjustly deprived of liberty
30 in any hospital in the state, may be filed by any person with
31 the clerk of the district court of the county in which such
32 named person is so confined, or of the county in which such
33 named person ~~has a legal settlement, and thereupon a~~ is a
34 resident. Upon receiving the complaint, a judge of said that
35 court shall appoint a commission of not more than three persons

1 to inquire into the truth of ~~said~~ the allegations. One of
2 ~~said the~~ commissioners shall be a physician and if additional
3 commissioners are appointed, one of ~~such~~ the additional
4 commissioners shall be a lawyer.

5 Sec. 87. Section 229.42, Code 2011, is amended to read as
6 follows:

7 **229.42 Costs paid by county.**

8 1. If a person wishing to make application for voluntary
9 admission to a mental hospital established by chapter 226 is
10 unable to pay the costs of hospitalization or those responsible
11 for the person are unable to pay the costs, application for
12 authorization of voluntary admission must be made through a
13 ~~central point of coordination process~~ regional administrator
14 before application for admission is made to the hospital.
15 The person's county of ~~legal settlement~~ residence shall be
16 determined through the ~~central point of coordination process~~
17 county's regional administrator and if the admission is
18 approved through the ~~central point of coordination process~~
19 regional administrator, the person's admission to a mental
20 health hospital shall be authorized as a voluntary case.
21 The authorization shall be issued on forms provided by the
22 administrator. The costs of the hospitalization shall be paid
23 by the county of ~~legal settlement~~ residence to the department
24 of human services and credited to the general fund of the
25 state, provided that the mental health hospital rendering the
26 services has certified to the county auditor of the county
27 of ~~legal settlement~~ residence the amount chargeable to the
28 county and has sent a duplicate statement of the charges to the
29 department of human services. A county shall not be billed
30 for the cost of a patient unless the patient's admission is
31 authorized through the ~~central point of coordination process~~
32 county's regional administrator. The mental health institute
33 and the county shall work together to locate appropriate
34 alternative placements and services, and to educate patients
35 and family members of patients regarding such alternatives.

1 2. All the provisions of chapter 230 shall apply to such
2 voluntary patients so far as is applicable.

3 3. The provisions of this section and of section 229.41
4 shall apply to all voluntary inpatients or outpatients
5 receiving mental health services either away from or at the
6 institution.

7 4. If a county fails to pay the billed charges within
8 forty-five days from the date the county auditor received the
9 certification statement from the superintendent, the department
10 of human services shall charge the delinquent county the
11 penalty of one percent per month on and after forty-five days
12 from the date the county received the certification statement
13 until paid. The penalties received shall be credited to the
14 general fund of the state.

15 Sec. 88. Section 229.43, Code 2011, is amended to read as
16 follows:

17 **229.43 ~~Nonresidents or no-settlement~~ Nonresident patients.**

18 The administrator may place patients of mental health
19 institutes ~~who have no county of legal settlement,~~ who
20 are nonresidents, ~~or whose legal settlement is unknown on~~
21 convalescent leave to a private sponsor or in a health care
22 facility licensed under chapter 135C, when in the opinion
23 of the administrator the placement is in the best interests
24 of the patient and the state of Iowa. If the patient was
25 involuntarily hospitalized, the district court which ordered
26 hospitalization of the patient must be informed when the
27 patient is placed on convalescent leave, as required by section
28 229.15, subsection 5.

29 Sec. 89. Section 230.1, Code 2011, is amended to read as
30 follows:

31 **230.1 Liability of county and state.**

32 1. The necessary and legal costs and expenses attending
33 the taking into custody, care, investigation, admission,
34 commitment, and support of a person with mental illness
35 admitted or committed to a state hospital shall be paid by a

1 county or by the state as follows:

2 ~~a. By the county in which such person has a legal~~
3 ~~settlement, if~~ If the person is eighteen years of age or older,
4 by the person's county of residence unless the costs and
5 expenses are covered by the medical assistance program under
6 chapter 249A or the person is described by paragraph "b".

7 ~~b. By the state when if~~ such person has no ~~legal settlement~~
8 residence in this state, ~~when if~~ the person's ~~legal settlement~~
9 residence is unknown, ~~or if~~ the costs and expenses are covered
10 by the medical assistance program under chapter 249A, or if the
11 person is under eighteen years of age.

12 2. The ~~legal settlement~~ county of residence of any person
13 ~~found mentally ill with mental illness~~ who is a patient of
14 any state institution shall be ~~that the person's county of~~
15 residence existing at the time of admission ~~thereto to the~~
16 institution.

17 3. A county of ~~legal settlement~~ residence is not liable
18 for costs and expenses associated with a person with mental
19 illness unless the costs and expenses are for services and
20 other support authorized for the person through the ~~central~~
21 ~~point of coordination process~~ county's regional administrator.
22 For the purposes of this chapter, ~~"central point of coordination~~
23 ~~process"~~ "regional administrator" means the same as defined in
24 ~~section 331.440~~ 331.438A.

25 Sec. 90. Section 230.2, Code 2011, is amended to read as
26 follows:

27 **230.2 Finding of ~~legal settlement~~ residence.**

28 If a person's ~~legal settlement~~ residency status is
29 disputed, ~~legal settlement~~ the residency shall be determined
30 in accordance with section ~~225C.8~~ 331.438F. Otherwise, the
31 district court may, when the person is ordered placed in a
32 hospital for psychiatric examination and appropriate treatment,
33 or as soon thereafter as the court obtains the proper
34 information, determine and enter of record whether the ~~legal~~
35 ~~settlement~~ residence of the person is one of the following:

1 1. In the county from which the person was placed in the
2 hospital;.

3 2. In ~~some other~~ another county of the state;.

4 3. In ~~some~~ a foreign state or country; ~~or~~.

5 4. Unknown.

6 Sec. 91. Section 230.3, Code 2011, is amended to read as
7 follows:

8 **230.3 Certification of settlement.**

9 If a person's ~~legal settlement~~ county of residence
10 is determined ~~through~~ by the county's ~~central point of~~
11 ~~coordination process~~ regional administrator to be in another
12 county of this state, the ~~county making the determination~~
13 regional administrator shall certify the determination to the
14 superintendent of the hospital to which the person is admitted
15 or committed. The certification shall be accompanied by a copy
16 of the evidence supporting the determination. Upon receiving
17 the certification, the superintendent shall charge the expenses
18 already incurred and unadjusted, and all future expenses of
19 the person, to the county determined to be the county of ~~legal~~
20 settlement residence.

21 Sec. 92. Section 230.4, Code 2011, is amended to read as
22 follows:

23 **230.4 Certification to debtor county.**

24 A determination of a person's ~~legal settlement~~ county of
25 residence made in accordance with section 230.2 or 230.3 shall
26 be sent by the court or the county to the county auditor of
27 the county of ~~legal settlement~~ residence. The certification
28 shall be accompanied by a copy of the evidence supporting the
29 determination. The auditor shall provide the certification
30 to the board of supervisors of the auditor's county, and it
31 shall be conclusively presumed that the person has a ~~legal~~
32 settlement residence in the notified county unless that county
33 disputes the finding of ~~legal settlement~~ residence as provided
34 in section ~~225C.8~~ 331.438F.

35 Sec. 93. Section 230.5, Code 2011, is amended to read as

1 follows:

2 **230.5 Nonresidents.**

3 If a person's ~~legal-settlement~~ residence is determined in
4 accordance with section 230.2 or 230.3 to be in a foreign state
5 or country, or is unknown, the court or the ~~county~~ regional
6 administrator shall immediately certify the determination
7 to the department's administrator. The certification shall
8 be accompanied by a copy of the evidence supporting the
9 determination. A court order issued pursuant to section
10 229.13 shall direct that the patient be hospitalized at the
11 appropriate state hospital for persons with mental illness.

12 Sec. 94. Section 230.8, Code 2011, is amended to read as
13 follows:

14 **230.8 Transfers of persons with mental illness — expenses.**

15 The transfer to any state hospitals or to the places of
16 their ~~legal-settlement~~ residence of persons with mental illness
17 who have no ~~legal-settlement~~ residence in this state or whose
18 ~~legal-settlement~~ residence is unknown, shall be made according
19 to the directions of the administrator, and when practicable
20 by employees of the state hospitals, ~~and the.~~ The actual
21 and necessary expenses of such transfers shall be paid on
22 itemized vouchers sworn to by the claimants and approved by the
23 administrator, and the amount of the expenses is appropriated
24 to the department from any funds in the state treasury not
25 otherwise appropriated.

26 Sec. 95. Section 230.9, Code 2011, is amended to read as
27 follows:

28 **230.9 Subsequent discovery of residence.**

29 If, after a person has been received by a state hospital for
30 persons with mental illness as a ~~state-case~~ patient whose ~~legal~~
31 ~~settlement~~ residence is supposed to be outside this state or
32 ~~unknown~~, the administrator determines that the ~~legal-settlement~~
33 residence of the person was, at the time of admission or
34 commitment, in a county of this state, the administrator shall
35 certify the determination and charge all legal costs and

1 expenses pertaining to the admission or commitment and support
2 of the person to the county of ~~legal-settlement~~ residence. The
3 certification shall be sent to the county of ~~legal-settlement~~
4 residence. The certification shall be accompanied by a copy
5 of the evidence supporting the determination. The costs and
6 expenses shall be collected as provided by law in other cases.
7 If the person's ~~legal-settlement~~ residency status has been
8 determined in accordance with section ~~225C.8~~ 331.438F, the
9 legal costs and expenses shall be charged to the county ~~or as a~~
10 ~~state case of residence~~ in accordance with that determination.

11 Sec. 96. Section 230.10, Code 2011, is amended to read as
12 follows:

13 **230.10 Payment of costs.**

14 All legal costs and expenses attending the taking into
15 custody, care, investigation, and admission or commitment of
16 a person to a state hospital for persons with mental illness
17 under a finding that ~~such the~~ the person has a ~~legal-settlement~~
18 residency in another county of this state shall be charged
19 against the county of ~~legal-settlement~~ residence.

20 Sec. 97. Section 230.11, Code 2011, is amended to read as
21 follows:

22 **230.11 Recovery of costs from state.**

23 Costs and expenses attending the taking into custody,
24 care, and investigation of a person who has been admitted
25 or committed to a state hospital, United States department
26 of veterans affairs hospital, or other agency of the United
27 States government, for persons with mental illness and who
28 has no ~~legal-settlement~~ residence in this state or whose
29 ~~legal-settlement~~ residence is unknown, including cost of
30 commitment, if any, shall be paid ~~out of~~ as approved by the
31 administrator. The amount of the costs and expenses approved
32 by the administrator is appropriated to the department from
33 any money in the state treasury not otherwise appropriated, on
34 itemized vouchers executed by the auditor of the county which
35 has paid them, and approved by the administrator.

1 Sec. 98. Section 230.12, Code 2011, is amended to read as
2 follows:

3 **230.12 ~~Legal settlement~~ Residency disputes.**

4 If a dispute arises between different counties or between
5 the administrator and a county as to the ~~legal settlement~~
6 residence of a person admitted or committed to a state hospital
7 for persons with mental illness, the dispute shall be resolved
8 as provided in section ~~225C.8~~ 331.438F.

9 Sec. 99. Section 230.20, subsection 2, paragraph b, Code
10 2011, is amended to read as follows:

11 b. The per diem costs billed to each county shall not exceed
12 the per diem costs billed to the county in the fiscal year
13 beginning July 1, 1996. However, the per diem costs billed
14 to a county may be adjusted annually to reflect increased
15 costs to the extent of the percentage increase in the total
16 of county fixed budgets pursuant to the allowed growth factor
17 adjustment authorized by the general assembly for the fiscal
18 year in accordance with section 331.439, Code 2011, and annual
19 percentage increases in state support provided to the regional
20 mental health and disability service system under chapter 331.

21 Sec. 100. Section 230.32, Code 2011, is amended to read as
22 follows:

23 **230.32 Support of nonresident patients on leave.**

24 The cost of support of patients without ~~legal settlement~~
25 residence in this state, who are placed on convalescent
26 leave or removed from a state mental institute to any health
27 care facility licensed under chapter 135C for rehabilitation
28 purposes, shall be paid from the hospital support fund
29 and shall be charged on abstract in the same manner as
30 state inpatients, until such time as the patient becomes
31 self-supporting or qualifies for support under existing
32 statutes.

33 Sec. 101. Section 231.56A, subsection 2, Code 2011, is
34 amended to read as follows:

35 2. The target population of the projects shall be any

1 older individual residing in Iowa who is at risk of or who is
2 experiencing abuse, neglect, or exploitation which may include
3 but is not limited to an older individual who is the subject of
4 a report of suspected dependent adult abuse pursuant to chapter
5 235B. This subsection shall not apply to an older individual
6 who is receiving assistance under a ~~county management plan~~
7 ~~approved pursuant to section 331.439~~ regional mental health and
8 disability services system under chapter 331.

9 Sec. 102. Section 232.2, subsection 4, paragraph f,
10 subparagraph (3), Code 2011, is amended to read as follows:

11 (3) The transition plan shall be developed and reviewed
12 by the department in collaboration with a child-centered
13 transition team. The transition team shall be comprised of
14 the child's caseworker and persons selected by the child,
15 persons who have knowledge of services available to the child,
16 and any person who may reasonably be expected to be a service
17 provider for the child when the child becomes an adult or to
18 become responsible for the costs of services at that time.
19 If the child is reasonably likely to need or be eligible for
20 adult services, the transition team membership shall include
21 representatives from the adult services system. The adult
22 services system representatives may include but are not
23 limited to the administrator of county general relief under
24 chapter 251 or 252 or ~~of the central point of coordination~~
25 ~~process implemented under section 331.440~~ county's regional
26 administrator under chapter 331. The membership of the
27 transition team and the meeting dates for the team shall be
28 documented in the transition plan.

29 Sec. 103. Section 235.7, subsection 2, Code 2011, is amended
30 to read as follows:

31 2. *Membership.* The department may authorize the governance
32 boards of decategorization of child welfare and juvenile
33 justice funding projects established under section 232.188 to
34 appoint the transition committee membership and may utilize
35 the boundaries of decategorization projects to establish

1 the service areas for transition committees. The committee
2 membership may include but is not limited to department of
3 human services staff involved with foster care, child welfare,
4 and adult services, juvenile court services staff, staff
5 involved with county general relief under chapter 251 or 252,
6 or of the ~~central point of coordination process~~ regional
7 mental health and disability services implemented under
8 ~~section 331.440~~ chapter 331, school district and area education
9 agency staff involved with special education, and a child's
10 court appointed special advocate, guardian ad litem, service
11 providers, and other persons knowledgeable about the child.

12 Sec. 104. Section 235A.15, subsection 2, paragraph c,
13 subparagraph (9), Code Supplement 2011, is amended to read as
14 follows:

15 (9) To the administrator of an agency providing mental
16 health, mental retardation, or developmental disability
17 services under a ~~county~~ regional mental health and disability
18 services management plan developed pursuant to ~~section 331.439~~
19 chapter 331, if the data concerns a person employed by or being
20 considered by the agency for employment.

21 Sec. 105. Section 235B.6, subsection 2, paragraph c,
22 subparagraph (6), Code Supplement 2011, is amended to read as
23 follows:

24 (6) To the administrator of an agency providing mental
25 health, mental retardation, or developmental disability
26 services under a ~~county~~ regional mental health and disability
27 services management plan developed pursuant to ~~section 331.439~~
28 chapter 331, if the information concerns a person employed by
29 or being considered by the agency for employment.

30 Sec. 106. Section 249A.12, Code 2011, is amended to read as
31 follows:

32 **249A.12 Assistance to persons with mental retardation —**
33 **state cases.**

34 1. Assistance may be furnished under this chapter to an
35 otherwise eligible recipient who is a resident of a health

1 care facility licensed under chapter 135C and certified as an
2 intermediate care facility for persons with mental retardation.

3 ~~2. A county shall reimburse the department on a monthly~~
4 ~~basis for that portion of the cost of assistance provided~~
5 ~~under this section to a recipient with legal settlement in~~
6 ~~the county, which is not paid from federal funds, if the~~
7 ~~recipient's placement has been approved by the appropriate~~
8 ~~review organization as medically necessary and appropriate.~~
9 ~~The department's goal for the maximum time period for~~
10 ~~submission of a claim to a county is not more than sixty~~
11 ~~days following the submission of the claim by the provider~~
12 ~~of the service to the department. The department's goal for~~
13 ~~completion and crediting of a county for cost settlement for~~
14 ~~the actual costs of a service under a home and community-based~~
15 ~~services waiver is within two hundred seventy days of the close~~
16 ~~of a fiscal year for which cost reports are due from providers.~~
17 ~~The department shall place all reimbursements from counties~~
18 ~~in the appropriation for medical assistance, and may use the~~
19 ~~reimbursed funds in the same manner and for any purpose for~~
20 ~~which the appropriation for medical assistance may be used.~~

21 ~~3.~~ 2. If a county reimburses reimbursed the department for
22 medical assistance provided under this section, Code 2011, and
23 the amount of medical assistance is subsequently repaid through
24 a medical assistance income trust or a medical assistance
25 special needs trust as defined in section 633C.1, the
26 department shall reimburse the county on a proportionate basis.
27 The department shall adopt rules to implement this subsection.

28 ~~4.~~ 3. *a.* Effective July 1, 1995, the state shall be
29 responsible for all of the nonfederal share of the costs of
30 intermediate care facility for persons with mental retardation
31 services provided under medical assistance to minors.
32 Notwithstanding ~~subsection 2~~ and contrary provisions of section
33 222.73, Code 2011, effective July 1, 1995, a county is not
34 required to reimburse the department and shall not be billed
35 for the nonfederal share of the costs of such services provided

1 to minors.

2 *b.* The state shall be responsible for all of the nonfederal
3 share of medical assistance home and community-based services
4 waivers for persons with intellectual disabilities services
5 provided to minors, and a county is not required to reimburse
6 the department and shall not be billed for the nonfederal share
7 of the costs of the services.

8 *c.* Effective February 1, 2002, the state shall be
9 responsible for all of the nonfederal share of the costs of
10 intermediate care facility for persons with mental retardation
11 services provided under medical assistance attributable to the
12 assessment fee for intermediate care facilities for individuals
13 with mental retardation imposed pursuant to section 249A.21.
14 ~~Notwithstanding subsection 2, effective~~ Effective February 1,
15 2003, a county is not required to reimburse the department and
16 shall not be billed for the nonfederal share of the costs of
17 such services attributable to the assessment fee.

18 ~~5.~~ 4. *a.* The mental health and disability services
19 commission shall recommend to the department the actions
20 necessary to assist in the transition of individuals being
21 served in an intermediate care facility for persons with
22 mental retardation, who are appropriate for the transition,
23 to services funded under a medical assistance home and
24 community-based services waiver for persons with intellectual
25 disabilities in a manner which maximizes the use of existing
26 public and private facilities. The actions may include but are
27 not limited to submitting any of the following or a combination
28 of any of the following as a request for a revision of the
29 medical assistance home and community-based services waiver for
30 persons with intellectual disabilities:

31 (1) Allow for the transition of intermediate care
32 facilities for persons with mental retardation licensed under
33 chapter 135C, to services funded under the medical assistance
34 home and community-based services waiver for persons with
35 intellectual disabilities. The request shall be for inclusion

1 of additional persons under the waiver associated with the
2 transition.

3 (2) Allow for reimbursement under the waiver for day program
4 or other service costs.

5 (3) Allow for exception provisions in which an intermediate
6 care facility for persons with mental retardation which does
7 not meet size and other facility-related requirements under
8 the waiver in effect on June 30, 1996, may convert to a waiver
9 service for a set period of time such as five years. Following
10 the set period of time, the facility would be subject to the
11 waiver requirements applicable to services which were not
12 operating under the exception provisions.

13 b. In implementing the provisions of this subsection, the
14 mental health and disability services commission shall consult
15 with other states. The waiver revision request or other action
16 necessary to assist in the transition of service provision
17 from intermediate care facilities for persons with mental
18 retardation to alternative programs shall be implemented by
19 the department in a manner that can appropriately meet the
20 needs of individuals at an overall lower cost to counties, the
21 federal government, and the state. In addition, the department
22 shall take into consideration significant federal changes to
23 the medical assistance program in formulating the department's
24 actions under this subsection. The department shall consult
25 with the mental health and disability services commission in
26 adopting rules for oversight of facilities converted pursuant
27 to this subsection. A transition approach described in
28 paragraph "a" may be modified as necessary to obtain federal
29 waiver approval.

30 ~~6.~~ 5. a. The provisions of the home and community-based
31 services waiver for persons with intellectual disabilities
32 shall include adult day care, prevocational, and transportation
33 services. Transportation shall be included as a separately
34 payable service.

35 b. The department of human services shall seek federal

1 approval to amend the home and community-based services waiver
2 for persons with intellectual disabilities to include day
3 habilitation services. Inclusion of day habilitation services
4 in the waiver shall take effect upon receipt of federal
5 approval.

6 ~~c. The person's county of legal settlement shall pay for~~
7 ~~the nonfederal share of the cost of services provided under~~
8 ~~the waiver, and the state shall pay for the nonfederal share~~
9 ~~of such costs if the person has no legal settlement or the~~
10 ~~legal settlement is unknown so that the person is deemed to be~~
11 ~~a state case.~~

12 ~~d. The county of legal settlement shall pay for one hundred~~
13 ~~percent of the nonfederal share of the costs of care provided~~
14 ~~for adults which is reimbursed under a home and community-based~~
15 ~~services waiver that would otherwise be approved for provision~~
16 ~~in an intermediate care facility for persons with mental~~
17 ~~retardation provided under the medical assistance program.~~

18 7. 6. When paying the necessary and legal expenses for
19 intermediate care facility for persons with mental retardation
20 services, the cost requirements of section 222.60 shall
21 be considered fulfilled when payment is made in accordance
22 with the medical assistance payment rates established by
23 the department for intermediate care facilities for persons
24 with mental retardation, and the state ~~or a county of legal~~
25 ~~settlement~~ shall not be obligated for any amount in excess of
26 the rates.

27 8. 7. If a person with mental retardation has no legal
28 settlement or the legal settlement is unknown so that the
29 person is deemed to be a state case and services associated
30 with the mental retardation can be covered under a medical
31 assistance home and community-based services waiver or other
32 medical assistance program provision, the nonfederal share of
33 the medical assistance program costs for such coverage shall
34 be paid from the appropriation made for the medical assistance
35 program.

1 Sec. 107. Section 249A.26, subsection 2, Code 2011, is
2 amended to read as follows:

3 2. *a.* Except as provided for disallowed costs in section
4 249A.27, ~~the county of legal settlement shall pay for fifty~~
5 ~~percent of the nonfederal share of the cost and the state shall~~
6 ~~have responsibility for the remaining fifty~~ pay one hundred
7 percent of the nonfederal share of the cost of case management
8 provided to adults, day treatment, and partial hospitalization
9 provided under the medical assistance program for persons
10 with mental retardation, a developmental disability, or
11 chronic mental illness. For purposes of this section, persons
12 with mental disorders resulting from Alzheimer's disease or
13 substance abuse shall not be considered ~~chronically mentally~~
14 ~~ill~~ to be persons with chronic mental illness. ~~To the~~
15 ~~maximum extent allowed under federal law and regulations,~~
16 ~~the department shall consult with and inform a county of~~
17 ~~legal settlement's central point of coordination process, as~~
18 ~~defined in section 331.440, regarding the necessity for and the~~
19 ~~provision of any service for which the county is required to~~
20 ~~provide reimbursement under this subsection.~~

21 *b.* The state shall pay for one hundred percent of the
22 nonfederal share of the costs of case management provided for
23 adults, day treatment, partial hospitalization, and the home
24 and community-based services waiver services for persons who
25 have no legal settlement residence in this state or ~~the legal~~
26 ~~settlement~~ whose residence is unknown so that the persons are
27 deemed to be state cases.

28 *c.* The case management services specified in this subsection
29 shall be paid for by a county only if the services are provided
30 outside of a managed care contract.

31 Sec. 108. Section 249A.26, subsections 3, 4, 7, and 8, Code
32 2011, are amended to read as follows:

33 3. ~~To the maximum extent allowed under federal law and~~
34 ~~regulations, a person with mental illness or mental retardation~~
35 ~~shall not be eligible for any service which is funded in~~

1 ~~whole or in part by a county share of the nonfederal portion~~
2 ~~of medical assistance funds unless the person is referred~~
3 ~~through the central point of coordination process, as defined~~
4 ~~in section 331.440. However, to the extent federal law allows~~
5 ~~referral of a medical assistance recipient to a service without~~
6 ~~approval of the central point of coordination process, the~~
7 ~~county of legal settlement shall be billed for the nonfederal~~
8 ~~share of costs for any adult person for whom the county would~~
9 ~~otherwise be responsible.~~

10 4. The county of legal settlement state shall pay for one
11 hundred percent of the nonfederal share of the cost of services
12 provided to adult persons with chronic mental illness who
13 qualify for habilitation services in accordance with the rules
14 adopted for the services. ~~The state shall pay for one hundred~~
15 ~~percent of the nonfederal share of the cost of such services~~
16 ~~provided to such persons who have no legal settlement or the~~
17 ~~legal settlement is unknown so that the persons are deemed to~~
18 ~~be state cases.~~

19 7. ~~Unless a county has paid or is paying for the nonfederal~~
20 ~~share of the costs of a person's home and community-based~~
21 ~~waiver services or placement in an intermediate care facility~~
22 ~~for persons with mental retardation under the county's mental~~
23 ~~health, mental retardation, and developmental disabilities~~
24 ~~services fund, or unless a county of legal settlement would~~
25 ~~become liable for the costs of services for a person at the~~
26 ~~level of care provided in an intermediate care facility for~~
27 ~~persons with mental retardation due to the person reaching the~~
28 ~~age of majority, the~~ The state shall pay for the nonfederal
29 share of the costs of an eligible person's services under the
30 home and community-based services waiver for persons with brain
31 injury.

32 8. If a dispute arises between different counties or between
33 the department and a county as to the legal settlement of a
34 person who ~~receives~~ received medical assistance for which the
35 nonfederal share ~~is~~ was payable in whole or in part by a county

1 of legal settlement in accordance with Code 2011, and cannot
2 be resolved by the parties, the dispute shall be resolved as
3 provided in section 225C.8, Code 2011.

4 Sec. 109. Section 252.6, Code 2011, is amended to read as
5 follows:

6 **252.6 Enforcement of liability.**

7 1. Upon the failure of such relatives to assist or maintain
8 a poor person who has made application for assistance, the
9 county board of supervisors, service area advisory board
10 created under section 217.43, or state division of child and
11 family services of the department of human services may apply
12 to the district court of the county where the poor person
13 resides or may be found for an order to compel the assistance
14 or maintenance.

15 2. If the assistance or maintenance needed is provided by
16 a county through the regional mental health and disability
17 services system implemented under chapter 331, application
18 for the assistance and maintenance shall be made through the
19 regional administrator of the person's county of residence.
20 For the purposes of this subsection, "regional administrator"
21 means the same as defined in section 331.438A.

22 Sec. 110. Section 252.23, Code 2011, is amended to read as
23 follows:

24 **252.23 Legal settlement disputes.**

25 If the alleged settlement is disputed, then, within thirty
26 days after notice as provided in section 252.22, a copy of
27 the notices sent and received shall be filed in the office of
28 the clerk of the district court of the county against which
29 claim is made, and a cause docketed without other pleadings,
30 and tried as an ordinary action, in which the county granting
31 the assistance shall be plaintiff, and the other defendant,
32 and the burden of proof shall be upon the county granting the
33 assistance. However, a ~~legal settlement~~ dispute concerning
34 the liability of a person's county of residence for assistance
35 provided through the regional mental health and disability

1 services system implemented under chapter 331 in connection
2 with services initiated under chapter 222, 230, or 249A shall
3 be resolved as provided in section ~~225C.8~~ 331.438F.

4 Sec. 111. Section 252.24, Code 2011, is amended to read as
5 follows:

6 **252.24 County of settlement liable.**

7 1. The county where the settlement is shall be liable to
8 the county granting assistance for all reasonable charges and
9 expenses incurred in the assistance and care of a poor person.

10 2. When assistance is furnished by any governmental agency
11 of the county, township, or city, the assistance shall be
12 deemed to have been furnished by the county in which the
13 agency is located and the agency furnishing the assistance
14 shall certify the correctness of the costs of the assistance
15 to the board of supervisors of that county and that county
16 shall collect from the county of the person's settlement. The
17 amounts collected by the county where the agency is located
18 shall be paid to the agency furnishing the assistance. This
19 statute applies to services and supplies furnished as provided
20 in section 139A.18.

21 3. Notwithstanding subsection 2, if assistance or
22 maintenance is provided by a county through the regional mental
23 health and disability services system implemented under chapter
24 331, liability for the assistance and maintenance is the
25 responsibility of the person's county of residence.

26 Sec. 112. Section 331.432, subsection 3, Code Supplement
27 2011, is amended to read as follows:

28 3. Except as authorized in section 331.477, transfers of
29 moneys between the county ~~mental health, mental retardation,~~
30 ~~and developmental disabilities~~ services fund for mental health
31 and disability services and any other fund are prohibited.

32 Sec. 113. Section 331.502, subsection 11, Code 2011, is
33 amended to read as follows:

34 11. Carry out duties relating to ~~the determination of legal~~
35 ~~settlement,~~ collection of funds due the county, and support

1 of persons with mental retardation as provided in sections
2 222.13, 222.50, ~~222.61 to 222.66~~, 222.63, 222.64, and 222.69,
3 ~~and 222.74~~.

4 Sec. 114. Section 347.16, subsection 3, Code 2011, is
5 amended to read as follows:

6 3. Care and treatment may be furnished in a county public
7 hospital to any sick or injured person who has legal settlement
8 outside the county which maintains the hospital, subject to
9 such policies and rules as the board of hospital trustees may
10 adopt. If care and treatment is provided under this subsection
11 to a person who is indigent, the county in which that person
12 has legal settlement shall pay to the board of hospital
13 trustees the fair and reasonable cost of the care and treatment
14 provided by the county public hospital unless the cost of the
15 indigent person's care and treatment is otherwise provided for.
16 If care and treatment is provided to an indigent person under
17 this subsection, the county public hospital furnishing the
18 care and treatment shall immediately notify, by regular mail,
19 the auditor of the county of legal settlement of the indigent
20 person of the provision of care and treatment to the indigent
21 person. However, if the care and treatment is provided by
22 a county through the regional mental health and disability
23 services system implemented under chapter 331, liability for
24 the assistance and maintenance is the responsibility of the
25 person's county of residence.

26 Sec. 115. Section 437A.8, subsection 4, paragraph d, Code
27 2011, is amended to read as follows:

28 d. (1) Notwithstanding paragraph "a", a taxpayer who owns
29 or leases a new electric power generating plant and who has
30 no other operating property in the state of Iowa except for
31 operating property directly serving the new electric power
32 generating plant as described in section 437A.16 shall pay
33 the replacement generation tax associated with the allocation
34 of the local amount to the county treasurer of the county in
35 which the local amount is located and shall remit the remaining

1 replacement generation tax, if any, to the director according
2 to paragraph "a" for remittance of the tax to county treasurers.
3 The director shall notify each taxpayer on or before August 31
4 following a tax year of its remaining replacement generation
5 tax to be remitted to the director. All remaining replacement
6 generation tax revenues received by the director shall be
7 deposited in the property tax relief general fund created in
8 ~~section 426B.1, and shall be distributed as provided in section~~
9 426B.2 of the state.

10 (2) If a taxpayer has paid an amount of replacement tax,
11 penalty, or interest which was deposited into the property tax
12 relief general fund of the state and which was not due, all of
13 the provisions of section 437A.14, subsection 1, paragraph "b",
14 shall apply with regard to any claim for refund or credit filed
15 by the taxpayer. The director shall have sole discretion as to
16 whether the erroneous payment will be refunded to the taxpayer
17 or credited against any replacement tax due, or to become due,
18 from the taxpayer that would be subject to deposit in the
19 property tax relief general fund of the state.

20 Sec. 116. Section 437A.15, subsection 3, paragraph f, Code
21 Supplement 2011, is amended to read as follows:

22 f. Notwithstanding the provisions of this section, if
23 a taxpayer is a municipal utility or a municipal owner of
24 an electric power facility financed under the provisions
25 of chapter 28F or 476A, the assessed value, other than the
26 local amount, of a new electric power generating plant shall
27 be allocated to each taxing district in which the municipal
28 utility or municipal owner is serving customers and has
29 electric meters in operation in the ratio that the number of
30 operating electric meters of the municipal utility or municipal
31 owner located in the taxing district bears to the total number
32 of operating electric meters of the municipal utility or
33 municipal owner in the state as of January 1 of the tax year.
34 If the municipal utility or municipal owner of an electric
35 power facility financed under the provisions of chapter 28F

1 or 476A has a new electric power generating plant but the
2 municipal utility or municipal owner has no operating electric
3 meters in this state, the municipal utility or municipal owner
4 shall pay the replacement generation tax associated with the
5 new electric power generating plant allocation of the local
6 amount to the county treasurer of the county in which the local
7 amount is located and shall remit the remaining replacement
8 generation tax, if any, to the director at the times contained
9 in section 437A.8, subsection 4, for remittance of the tax to
10 the county treasurers. All remaining replacement generation
11 tax revenues received by the director shall be deposited in the
12 ~~property tax relief general fund created in section 426B.1,~~
13 ~~and shall be distributed as provided in section 426B.2 of the~~
14 state.

15 Sec. 117. Section 445.5, subsection 1, paragraph h, Code
16 Supplement 2011, is amended by striking the paragraph.

17 Sec. 118. REPEAL. Sections 222.73, 222.74, 222.75, 225C.7,
18 and 225C.8, Code 2011, are repealed.

19 Sec. 119. EFFECTIVE DATE. This division of this Act takes
20 effect July 1, 2013.

21 EXPLANATION

22 This bill relates to redesign of publicly funded mental
23 health and disability services by requiring certain core
24 services and addressing other services and providing for
25 establishment of regions. The bill is organized into
26 divisions.

27 CORE SERVICES. This division specifies core services and
28 service management requirements applicable to the regional
29 service system required by the bill.

30 Code section 331.439, relating to the requirements under
31 existing law for a county to receive state payments for mental
32 health and disability services and specifying inclusion of
33 various provisions in service system management plans, is
34 amended to require the use of certain functional assessments or
35 other standardized functional assessment methodologies approved

1 by the mental health and disability services commission. For
2 mental health services, the level of care utilization system
3 (LOCUS) is specified; for intellectual disabilities services,
4 the supports intensity scale (SIS) is specified; and for brain
5 injury services, the commission is required to approve a
6 methodology. The use of the methodologies is required to begin
7 July 1, 2012. This Code section is repealed on July 1, 2013.

8 New Code section 331.439A requires MH/DS provided by
9 counties to be delivered in accordance with a regional service
10 system management plan approved by the region's governing board
11 and implemented by the regional administrator. The plans are
12 required to include a policies and procedures manual for the
13 funding administered by the region, submission of an annual
14 management plan review, submission of three-year strategic
15 plans addressing the effort to achieve various purposes
16 identified in Code section 225C.1, and authorizing a region to
17 either directly implement a system of service management or to
18 contract with a private entity for service management. The
19 plan is required to include various elements and the commission
20 is directed to specify the elements in administrative rules.

21 New Code section 331.439A also authorizes a region to
22 provide assistance to other disability service populations
23 subject to availability of funding and to implement waiting
24 lists for services as a financial management tool.

25 New Code section 331.439B provides financial eligibility
26 requirements to be used in the regional system. Income
27 eligibility is set at 150 percent of the federal poverty
28 level and a region or service provider may apply a copayment
29 requirement to persons who meet this requirement. Persons with
30 higher incomes may also be eligible subject to a copayment or
31 other cost-sharing arrangement; however, a service provider may
32 waive copayments or cost-sharing if able to fully absorb the
33 cost. A person who is eligible for federally funded services
34 must apply for the services. The commission is required to
35 adopt rules for resource limitations eligibility derived from

1 the federal supplemental security income program resource
2 limitations. If a person does not qualify for federally funded
3 support, but meets income, resource, and functional eligibility
4 requirements, retirement accounts in the accumulation stage and
5 burial, medical savings, or assistive technology accounts are
6 to be disregarded.

7 New Code section 331.439C specifies requirements for
8 diagnoses, functional assessments, and other requirements for
9 eligibility in the regional system. Other requirements include
10 an age of at least 18 years and compliance with financial
11 eligibility provisions and determination of eligibility for
12 individualized services to be made by the functional assessment
13 provisions specified in the bill's amendment to Code section
14 331.439. For mental health services, a person must have had a
15 diagnosable mental health, behavioral, or emotional disorder
16 during the preceding 12-month period. For intellectual
17 disability services, an intellectual disability diagnosis or
18 an intelligence quotient of 70 or less is required. For brain
19 injury services, a diagnosis of brain injury is required.

20 New Code section 331.439D addresses mental health core
21 services and core service domains to be provided in the
22 regional system, subject to the availability of funding. The
23 domains are defined to mean a range of services that can be
24 provided depending upon an individual's service needs. A
25 region may also provide funding for other services or support
26 not listed based on optional criteria that may be considered.

27 New Code section 331.439E addresses intellectual disability
28 core services and requires inclusion of all services covered
29 by all of the service system management plans of the counties
30 comprising a region as of June 30, 2012, other than services
31 funded by the Medicaid program. The provision of core services
32 is subject to availability of funding. The region is required
33 to transition from and replace the current services with
34 services that expand and support the community support and
35 integration principles outlined in the federal Olmstead v. L.C.

1 ruling and the purposes identified in Code section 225C.1.

2 Certain best practice efforts must also be included.

3 New Code section 331.440B addresses regional service system
4 financing. The financing of each regional service system is
5 limited to a fixed budget amount subject to an allowed growth
6 adjustment to be recommended by the commission and the governor
7 two years prior to application. The region is required to
8 implement the region's service system management plan by
9 budgeting for 99 percent of the funding anticipated to be
10 available for the plan for a fiscal year.

11 The bill may include a state mandate as defined in Code
12 section 25B.3. The bill makes inapplicable Code section 25B.2,
13 subsection 3, which would relieve a political subdivision from
14 complying with a state mandate if funding for the cost of
15 the state mandate is not provided or specified. Therefore,
16 political subdivisions are required to comply with any state
17 mandate included in the bill.

18 The Code editor is authorized to codify the division as a new
19 part of Code chapter 331, division III.

20 The new Code provisions of the Code chapter are applicable
21 beginning July 1, 2013.

22 WORKFORCE DEVELOPMENT AND REGULATION. This division relates
23 to workforce development and regulation applicable to the
24 administration and service providers for the regional service
25 system.

26 New Code section 225C.6C establishes a mental health and
27 disability services workforce development workgroup to be
28 convened and staffed by the department of human services to
29 address issues connected with assuring there is an adequate
30 workforce to provide mental health and disability services in
31 the state. Various stakeholders and legislator members are
32 specified.

33 New Code section 225C.6D requires the department of
34 human services to establish an outcomes and performance
35 measures committee for the regional service system. Various

1 stakeholders are specified for the committee membership.

2 New Code section 225C.6E requires the departments of
3 human services, inspections and appeals, and public health
4 to comply with various provisions in efforts to improve the
5 regulatory requirements applied to the regional service system
6 administration and service providers.

7 COMMUNITY MENTAL HEALTH CENTER AMENDMENTS. This division
8 amends Acts provisions relating to community mental health
9 centers that were enacted in 2011 Iowa Acts, chapter 121 (SF
10 525) that have a delayed effective date of July 1, 2012.

11 Provisionally numbered Code section 230A.106, specifying the
12 core service required to be offered by a center, is amended
13 to allow a center to provide an assertive community treatment
14 program in lieu of day treatment, partial hospitalization, or
15 psychosocial rehabilitation services.

16 Provisionally numbered Code section 230A.110, relating to
17 the standards adopted for centers by the commission, is amended
18 to allow the standards to be in substantial conformity with
19 either applicable behavioral health standards adopted by the
20 joint commission or other recognized national standards for
21 evaluation of psychiatric facilities rather than requiring
22 conformity with both sets of standards.

23 REGIONAL SERVICE SYSTEM. This division provides the
24 requirements for counties to form mental health and disability
25 services (MH/DS) regions.

26 New Code section 331.438A defines terms utilized, including
27 "department" for the department of human services, "disability
28 services" as defined in Code section 225C.2 (services and
29 other support available to a person with mental illness,
30 mental retardation or other developmental disability, or brain
31 injury), "population" to mean the latest federal census or the
32 latest applicable population estimate issued by the U.S. census
33 bureau, "regional administrator" as provided by the bill, and
34 "state commission" as the mental health and disability services
35 commission.

1 New Code section 331.438B requires counties to form regions
2 to provide local access to MH/DS for children and adults.
3 Minimum criteria for formation of a group of counties are
4 included along with a schedule for voluntary formation until
5 the period of November 2, 2012, through January 1, 2013,
6 during which the department is required to assign unaffiliated
7 counties to a region.

8 New Code section 331.438C requires the counties comprising
9 a region to enter into a Code chapter 28E agreement for the
10 joint exercise of governmental powers to form a regional
11 administrator entity to function on behalf of the counties.
12 The regional administrator is required to enter into
13 performance-based contracts with the department to manage for
14 the counties the MH/DS not funded by the medical assistance
15 (Medicaid) program and for coordinating with the department
16 such services that are funded by the Medicaid program. The
17 regional administrator is under the control of a governing
18 board. Elected county supervisors of the participating
19 counties and at least three individuals who utilize MH/DS or
20 actively involved relatives of such individuals are required
21 slots for each governing board. The membership cannot include
22 representatives of the department or service providers. A
23 regional advisory committee for each board is required to
24 include individuals who utilize services or actively involved
25 relatives, service providers, governing board members, and
26 others.

27 New Code section 331.438D addresses regional finances.
28 The funding administered under the authority of a governing
29 board is required to be in a combined account, separate
30 county accounts that are administered under the authority of
31 the governing board, or pursuant to other arrangement. The
32 regional administrator's administrative costs, as this term
33 is determined in accordance with law, is limited to 5 percent
34 of expenditures. The funding received from performance-based
35 contracts with the department is required to be credited to the

1 account or accounts administered by the regional administrator.

2 New Code section 331.438E requires the counties comprising
3 a MH/DS region to enter into a Code chapter 28E agreement.
4 The agreement is required to address various specific
5 organizational provisions, administrative provisions, and
6 financial provisions.

7 New Code section 331.438F requires a county to pay for the
8 public costs of the MH/DS for the county's residents that
9 are not covered by the Medicaid program and are provided
10 in accordance with the county's approved regional services
11 management plan. If the county is part of a region that has
12 agreed to pool funding and liability for services, the regional
13 administrator performs the county's responsibilities on behalf
14 of the county. A dispute resolution process is provided to
15 address disputes between counties or regions or the department,
16 as applicable.

17 The provisions of this division enacting new Code sections
18 in Code chapter 331, except as specifically provided by the
19 provisions, are applicable beginning July 1, 2013.

20 CONFORMING AMENDMENTS — CENTRAL POINT OF COORDINATION,
21 LEGAL SETTLEMENT, AND COUNTY MENTAL HEALTH, MENTAL RETARDATION,
22 AND DEVELOPMENTAL DISABILITIES SERVICES FUNDS. This division
23 provides conforming amendments to change references to county
24 central point of coordination administrators to regional
25 administrators, county of legal settlement to county of
26 residence, and county mental health, mental retardation, and
27 developmental disabilities services funds under Code section
28 331.424A to generally apply to the provisions for MH/DS
29 regions. The Code provisions for the affected Code sections
30 are repealed on July 1, 2013, pursuant to 2011 Iowa Acts,
31 chapter 123 (SF 209).

32 References to county mental health, mental retardation, and
33 developmental disabilities services funds under Code section
34 331.424A are amended in the following Code sections: section
35 123.38, relating to alcoholic beverage permits and licenses;

1 section 218.99, requiring counties to be notified of patient
2 personal accounts in DHS state institutions; section 225C.12,
3 relating to partial reimbursement to counties for local
4 inpatient mental health care and treatment; and section 226.9C,
5 authorizing a net general fund appropriation for the dual
6 diagnosis program located at the state mental health institute
7 at Mount Pleasant.

8 References to the "central point of coordination process"
9 (CPC process) are amended to instead refer to the "regional
10 administrator" of the county of residence in the following Code
11 sections: section 218.99, requiring counties to be notified of
12 patient personal accounts in DHS state institutions; section
13 222.2, providing a definition of CPC process; section 222.13,
14 relating to voluntary admissions to a state resource center;
15 section 222.13A, relating to voluntary admission of a minor
16 to a state resource center; section 222.28, authorizing the
17 court to appoint a commission of inquiry to examine a person
18 to determine the person's mental condition; section 222.59,
19 requiring the superintendent of a state resource center
20 to coordinate in assisting location of a community-based
21 placement instead of a state resource center; section 222.60,
22 relating to the costs paid by county and state and requiring a
23 diagnosis; section 222.61, relating to determination of legal
24 settlement; section 222.62, relating to legal settlement in
25 another county; section 222.63, relating to an objection to
26 a finding of legal settlement; section 222.64, relating to
27 state financial responsibility when a person is in a foreign
28 state or is unknown; section 225.11, relating to initiation
29 of commitment proceedings for the state psychiatric hospital
30 connected to the state university of Iowa; section 225.15,
31 relating to examination and treatment of a respondent at
32 the state psychiatric hospital; section 225.17, relating to
33 payment for the cost of treatment at the state psychiatric
34 hospital; section 225C.2, relating to definitions, is amended
35 to strike the CPC definition; section 225C.5, relating to

1 the MH-DS commission membership; section 225C.6A, relating
2 to data requirements addressed in the disability services
3 system redesign enacted in 2004; section 225C.14, providing
4 requirements for a preliminary diagnostic evaluation for
5 admission to a state mental health institute; section 225C.16,
6 providing for referrals for evaluations for persons applying
7 for voluntary admission to a state mental health institute;
8 section 225C.19, relating to an emergency mental health
9 crisis system; section 226.9C, authorizing a net general
10 fund appropriation for the dual diagnosis program at the
11 Mount Pleasant state mental health institute; section 227.10,
12 relating to transfers from a county or private institution
13 to a state hospital for persons with mental illness; section
14 229.1, relating to definitions; section 229.1B, specifying that
15 a person is subject to the CPC process, notwithstanding any
16 provision of Code chapter 229 to the contrary; section 229.11,
17 authorizing a judge to order immediate custody of a person
18 alleged to have a serious mental impairment; section 229.13,
19 relating to evaluation orders for psychiatric treatment;
20 section 229.14, relating to the report of a psychiatric
21 evaluation; section 229.14A, relating to the notice and hearing
22 for a placement order; section 229.42, relating to costs
23 paid by a county for a voluntary admission to a state mental
24 health institute; section 230.1, relating to the liability of
25 counties and the state for costs associated with admission of a
26 person with mental illness to a state hospital; section 230.3,
27 providing for certification of legal settlement of a person
28 with mental illness admitted to a hospital; section 232.2,
29 relating to involvement of the CPC process in the transition
30 team of a specific child aging to adulthood while in foster
31 care; section 235.7, relating to appointment of transition
32 committees for children in an area who are aging to adulthood
33 while in child welfare services; and section 249A.26, relating
34 to state and county participation in funding for services to
35 persons with disabilities.

1 Code chapter 252 provisions regarding determinations of
2 county of legal settlement (Code sections 252.6, 252.23, and
3 252.24) are amended to provide that in provisions involving the
4 MH/DS administered through the regional system, the county of
5 residence is responsible and any disputes are to be settled in
6 accordance with new Code section 331.438F.

7 References to "county of legal settlement" are amended to
8 be "county of residence" or the state in the following Code
9 sections: section 218.99, requiring counties to be notified of
10 patient personal accounts in DHS state institutions; section
11 222.10, relating to the duty of a peace officer to detain a
12 person with mental retardation who departs from an institution
13 in another state without proper authority; section 222.13,
14 relating to voluntary admissions to a state resource center;
15 section 222.13A, relating to voluntary admission of a minor to
16 a state resource center; section 222.31, relating to liability
17 for charges at a state resource center; section 222.49,
18 relating to payment for costs of proceedings; section 222.50,
19 requiring the county of legal settlement to pay charges;
20 section 222.60, relating to the costs paid by county and
21 state and requiring a diagnosis; section 222.61, relating to
22 determination of legal settlement; section 222.62, relating to
23 legal settlement in another county; section 222.63, relating to
24 an objection to a finding of legal settlement; section 222.64,
25 providing for state financial responsibility when a person is
26 in a foreign state or is unknown; section 222.65, requiring the
27 state administrator to investigate a person's residency when
28 placed in a state resource center; section 222.66, providing
29 a standing appropriation for the transfer expenses of state
30 cases to a state resource center; section 222.67, relating to
31 charges when legal settlement was initially unknown; section
32 222.68, requiring the county of legal settlement to reimburse
33 the county that initially paid the charges; section 222.69,
34 providing a standing appropriation for the admission or
35 commitment expenses of state cases; section 222.70, requiring

1 a dispute resolution process to be used for legal settlement
2 disputes; section 222.77, providing for the county of legal
3 settlement to pay the costs of support of patients placed on
4 leave from a state resources center; section 222.78, relating
5 to parents and other persons liable for the support of a
6 patient in a state resource center; section 222.79, relating
7 to the certification of statements of charges for purposes of
8 Code section 222.78; section 222.80, providing for liability
9 for the costs of persons admitted or committed to a private
10 facility; section 222.82, relating to collection of claims
11 under Code section 222.78 or other provisions of Code chapter
12 222; section 222.86, relating to payment of excess amounts from
13 resource center patient personal deposit funds to the county
14 of legal settlement; section 222.92, relating to operation of
15 the state resource center on the basis of a net general fund
16 appropriation; section 226.9C, relating to the net general
17 fund appropriations provisions for the dual diagnosis program
18 at the Mount Pleasant state mental health institute; section
19 226.45, relating to payment of excess amounts from state mental
20 health institute patient personal deposit funds to the county
21 of legal settlement; section 229.9A, relating to the mental
22 health advocate of the county of legal settlement; section
23 229.12, relating to the presence of the mental health advocate
24 at civil commitment hearings; section 229.19, relating to the
25 duties of the patient advocate; section 229.24, relating to
26 the provision of civil commitment court records to the county
27 of legal settlement; section 229.31, relating to a commission
28 of inquiry; section 229.42, relating to hospitalization costs
29 paid on voluntary cases by the county of legal settlement;
30 section 229.43, relating to nonresidents on convalescent leave;
31 section 230.1, relating to the liability of counties and the
32 state for costs associated with admission of a person with
33 mental illness to a state hospital; section 230.2, relating to
34 finding of legal settlement for persons with mental illness;
35 section 230.3, providing for certification of legal settlement

1 of a person with mental illness admitted to a hospital; section
2 230.4, providing for evidence to accompany the certification
3 of legal settlement for a person with mental illness; section
4 230.5, relating to legal settlement of nonresidents; section
5 230.8, relating to transfer expenses of persons with mental
6 illness with no legal settlement; section 230.9, relating to
7 charges when legal settlement was initially unknown; section
8 230.10, requiring all costs attending the taking into custody,
9 care, investigation, and admission or commitment of a person
10 to a state hospital for persons with mental illness to be paid
11 by the county of legal settlement; section 230.11, relating
12 to recovery of costs from the state for state cases; section
13 230.12, relating to settlement of legal settlement disputes
14 for support of persons with mental illness; section 230.32,
15 relating to support of persons who are nonresidents of this
16 state; section 249A.12, relating to assistance to persons with
17 mental retardation paid under the Medicaid program; section
18 249A.26, addressing state and county participation in funding
19 for services to persons with disabilities, including case
20 management; section 331.502, relating to the duties of the
21 county auditor; and section 347.16, relating to the cost of
22 care provided in county hospitals.

23 Miscellaneous provisions are also amended. Code section
24 222.22, relating to representation for a person with mental
25 retardation in commitment proceedings, is amended to shift
26 the responsibility to pay for counsel from the county to the
27 state. Code section 225.23, requiring counties to collect
28 claims paid by the state on behalf of committed or voluntary
29 private patients at the state psychiatric hospital, is
30 amended to shift this responsibility to the department of
31 administrative services. Code section 225C.6, relating to the
32 duties of the mental health and disability services commission,
33 is amended to include a requirement to adopt rules for core
34 disability services. Code section 230.20, relating to the
35 billing to counties for patient charges at the state mental

1 health institutes, is amended to change the cap on inflation
2 increases from current law's percentage increase in the allowed
3 growth factor adjustment to the annual percentage increase
4 in the state support provided to the regional service system
5 under Code chapter 331. Code section 231.56A, relating to
6 the elder abuse initiative, emergency shelter, and support
7 services projects involving the department on aging, is amended
8 to eliminate a reference to county MH/MR/DD management plans.
9 Code sections 235A.15 and 235B.6, relating to the child abuse
10 and elder abuse registries and allowing employment record
11 checks for the administrator of an MH/MR/DD agency providing
12 services under a county management plan is amended to refer
13 instead to regional management plans. Code section 331.432,
14 restricting county authority to transfer between funds, is
15 amended to replace a reference to the county mental health,
16 mental retardation, and developmental disabilities services
17 fund with a general reference to county funds for mental health
18 and disability services. Code section 445.5, requiring the
19 county treasurer to notify each land titleholder of the amount
20 of property tax reduction on each parcel as a result of the
21 moneys received from the state property tax relief fund, is
22 amended to eliminate the requirement.

23 Current law provides for certain electrical power
24 replacement generation tax revenues to be credited to the
25 property tax relief fund for distribution to counties to
26 reduce mental health, mental retardation, and developmental
27 disabilities levies. The property tax relief fund and the
28 county levy provisions are repealed effective July 1, 2013,
29 pursuant to 2011 Iowa Acts, chapter 123 (SF 209). The bill
30 provides for the revenues to instead be deposited in the
31 general fund of the state. The bill amends these Code sections
32 to reflect the change: section 437A.8, relating to return
33 and payment requirements for taxes on electricity and natural
34 gas providers; and section 437A.15, relating to allocation of
35 replacement tax revenues.

1 Code section 222.49, relating to the costs of proceedings
2 for involuntary commitment of persons with mental retardation,
3 is amended to provide that the responsibility to pay costs is
4 with either the county or the state.

5 The bill repeals these Code sections: section 222.73,
6 relating to billing of charges to counties for services
7 provided at the state resource centers; section 222.74,
8 relating to sending of duplicate statements to counties of the
9 billing statements under Code section 222.73; section 222.75,
10 relating to penalties for failure to pay the charges billed
11 under Code section 222.73; section 225C.7, establishing the
12 mental health and developmental disabilities community services
13 fund and a reference to the fund in Code section 225C.4 is
14 stricken; and section 225C.8, relating to the legal settlement
15 dispute resolution process replaced by the bill.